DOCUMENT RESUME

ED 365 413 PS 021 639

TITLE	[Australian Accreditation System. Australian Early Childhood Association (AECA) Working Paper Submitted to the Interim National Accreditation Council (INAC).]
INSTITUTION	Australian Early Childhood Association, Inc., Watson.
PUB DATE	92
NOTE	95p.; Papers prepared in collaboration with the National Family Day Care Council of Australia and Community Child Care NSW. Pages 1-12 contain faint type.
AVAILABLE FROM	Australian Early Childhood Association, Inc., P.O. Box 105, Watson, Australian Capital Territory, 2602, Australia ($17, Australian).
PUB TYPE	Viewpoints (Opinion/Position Papers, Essays, etc.) (120)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Accreditation (Institutions); *Day Care Centers; *Early Childhood Education; Evaluation Criteria; Foreign Countries; Models; National Organizations; Planning; Policy Formation; Quality Control; *Standards
IDENTIFIERS	*Australia

ABSTRACT

These five working papers present the recommendations of the Australian Early Childhood Association (AECA) regarding accreditation for early childhood education programs in Australia. The papers, written in response to the Interim National Accreditation Council's (INAC) proposed accreditation model, are entitled: "A Suggested Framework for Thinking about an Australian Accreditation System and Responding to the INAC Consultation Kit"; "An Accreditation System for Early Childhood Programs Starting with Centre-Based Long Day Care"; "Submission to the Interim National Accreditation Council"; "Comments on the INAC Draft Accreditation Process"; and "A Suggested Alternative Model for an Australian Accreditation Tool." The papers propose that: (1) accreditation aim to improve quality in all Australian child care centers and provide parents with assurance of quality; (2) the accreditation system needs to balance simplicity, fairness, protection of the service and the reviewer, and openness to variety in the interpretation of good practice; (3) the structure of the accreditation system needs to represent adequately the interests of the child care industry as a whole, starting with long-day care, but be able to be expanded to include family day care; (4) this structure should consist of a council, accreditation panels, and trained reviewers; (5) accreditation assessments should be made by those with demonstrated expertise; and (6) the accreditation process should also involve self-assessment. The AECA model differs from the INAC format mainly by suggesting three types of criteria for accreditation ("required," "self-selected," and "voluntary only"). (AC)

ED 365 413

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

AECA WORKING PAPER

A SUGGESTED FRAMEWORK FOR THINKING ABOUT AN AUSTRALIAN ACCREDITATION SYSTEM AND RESPONDING TO THE INAC CONSULTATION KIT

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY
Pam Cahir
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)"

PS 021639

Prepared by
the Australian Early Childhood Association
in collaboration with
the National Family Day Care Council of Australia
and Community Child Care NSW

This paper was written in May 1992 and was given wide national distribution to assist the early childhood field consider how to respond to the initial round of consultations by the Interim National Accreditation Council.

A SUGGESTED FRAMEWORK FOR THINKING ABOUT AN AUSTRALIAN ACCREDITATION SYSTEM AND RESPONDING TO THE INAC CONSULTATION KIT

THE TASK

A national accreditation system has the potential to give all of us a much better understanding of the importance of our work. A good system should give us the means to sharpen our goals, translate them into good practice, and communicate what we are doing to others. To do this, the system must be right for Australia.

An industry based team within the Interim Accreditation Council has prepared a consultative kit to kick off our thinking. There are suggestions in the kit about:

- components and criteria which might be included in an accreditation system
- the rating system to be used

Both have been taken, with some modification, from the two most widely used child care centre evaluation tools in the United States. The kit also suggests a model for the system as a whole.

Our task is to use the consultative kit as the base for thinking through the following questions:

- Is this overall model right for Australia? Would another one be better?
- Which of the criteria seem right? Which don't we like? Are there any dimensions missing?
- What kind of rating scale will be best for us, given that our system will have both a mandated and voluntary component?

This is arguably one of the most important tasks the industry has ever undertaken. It is also a complex one.

A RECOMMENDED STRATEGY FOR RESPONDING TO THE KIT

We recommend that thinking start with what we want the system to do, then, having decided this, what this says about its basic structure, the nature of the content and approaches to assessment. If we get these principles right, the details will be easier to deal with. It is harder to think about the principles, because the details capture our attention. If the consultation kit is responded to only in terms of the detail, we have less chance of achieving a coherent and truly Australian system through this process.

It is important, too, to consider how accreditation will work along side other regulatory mechanisms such as licensing and industrial arrangements (e.g. Awards).

Thus we need first to try to clarify our views about the underlying principles we want reflected in our system. Having decided on these principles, we can use these to guide our reactions to the consultation kit.

AECA, NFDCCA, CCCNSW RECOMMENDATIONS

The Australian Early Childhood Association, the National Family Day Care Council of Australia and Community Child Care NSW have agreed on a set of principles to suggest to start the consultation process on a constructive path. Like the consultation kit, these should be seen as 'starter' positions, to help us all think more clearly about what we want. We need to look at these principles, push them around until we are comfortable with them, and then test the material presented in the consultation kit against them.

Examining the specific examples presented in the draft documents against our agreed principles may encourage a re-think of our views about what we want to say in the principles. Or it may help us to say what changes we want made to the draft documents in the consultation kit.

The principles which are suggested below are first attempts by the above organisations to work through this process. They have not yet been re-shaped by testing them against the consultation kit. Each of our organisations will have to do this, and we may move from these 'starter' views to other, more tested views after following this suggested process ourselves. Our final submissions to the Council may look very different from the position presented below, as may yours.

SUGGESTED PRINCIPLES FOR AN AUSTRALIAN ACCREDITATION SYSTEM

We derived the following principles for the accreditation system as a whole during the process of thinking through other issues. You will see that they closely relate to other principles about specific components of the accreditation system. Probably you will want to do as we did - move back and forth between these principles and the more specific ones. Some of the principles are preceded by premises. The premise is the thinking that led us to decide on the principle. You should look at this thinking and see whether you agree with it. Then decide whether you think the principle links logically with the premise. If you feel differently on either count, develop your own premises and/or principles.

Principle 1: Our accreditation system should:

- *reflect the needs of Australia's children and their families;*
- *avoid duplicating the baseline minimum standards contained in State regulations except where regulated standards currently cover key quality factors;*
- *be broadly acceptable to the children's services field. It would need to address those aspects of quality whose relationship to quality are already transparent or can be made so with assistance;*
- *be based on key quality factors, or on important contributing factors which are not already addressed through other regulatory mechanisms;*
- *establish standards that are achievable;*
- *be based on the body of knowledge defining developmentally appropriate practice;*
- *be based on processes that result in sustained improvements in practice;*
- *establish standards for good practice but also allow for the diversity that exists in the field;*
- *be dynamic, i.e. adaptive over time;*

- *be based on a collaborative process between staff and parents;*

- *remain voluntary, beyond the component related to tee relief;*

RELATIONSHIP TO OTHER REGULATORY MECHANISMS

The relationship of accreditation to other regulatory mechanisms is problematic. We have said from the outset that licensing standards are necessary and accreditation should build on them, not duplicate them. But some of us felt that adherence to licensing standards sometimes falls down. Should a centre be accredited if it is found to be in breech of licensing standards? On the other hand, if accreditation includes criteria also covered by licensing, isn't this duplication of effort? Would being visited for accreditation purposes ever result in a threat to licensed status (if for example the breech were reported to licensing authorities)?

We resolved these dilemmas by deciding that we believed that the behaviours of greatest interest to accreditation - what we are calling the key quality factors - require that the base-line minimum standards like staff qualifications, group size, staff child ratio, adequate space to play, etc., are in place. These relatively easily measured, base-line standards allow or enable the more complex, key quality factors to be present.

However, some licensed regulations cover what we are calling key quality factors, as in health and safety areas, and to various degrees depending on the State/Territory, other areas like program planning, approaches to discipline, etc. We agreed that negotiations between the Accreditation Council and State governments would assist in resolving some of this inevitable overlap, especially over time.

Definition: Key quality factors

The key determinants of quality in child care services are:

- the implementation of appropriate health and safety practices

- interactions between staff and children which are supportive and responsive

- implementation of developmentally appropriate curriculum based on individual and group needs

- parent/staff collaboration at all levels

Definition: Enabling factors

Enabling factors are those which underpin the key quality factors. These include such factors as early childhood training, staff/child ratios, group size, play space, and staffing and administrative practices.

Including staffing and administrative practices in this list raised the issue of the extent to which accreditation should cover areas already included in industrial arrangements, eg industrial Awards. We decided we should adopt the same approach as that used to develop Principle 2 for areas covered by licensing regulations. We wondered whether staff turnover might be counted a key quality issue, but could not reach agreement on this. We all agreed that sound staffing and administrative practices shape the nature of children's experiences, making these clearly enabling factors.

Principle 2

Premise: The key quality factors that determine the nature of the best outcomes for children in early childhood settings are dependent on baseline minimal standards being in place. (Note: these are necessary but are not sufficient.)

Principle: Accreditation will not duplicate the baseline minimum standards contained in regulations except where regulated standards currently cover key quality factors. If a regulated standard is also a key quality factor then it will be included in accreditation. Typically, the standard required for accreditation will be above that required for licensing.

Principle 3

Premise: Sound staffing and administrative practices underpin the key quality factors. However, many are already covered in industrial arrangements and some are covered in licensing regulations and duplication is undesirable.

Principle: It is essential that those elements of statting/administration not covered by licensing and industrial arrangements be included in accreditation.

ACCREDITATION PROCESS AND STRUCTURE

We suggest that the structure of the accreditation system consist of a Council, expert accreditation panels, and trained reviewers, as shown below.

The accreditation process would be as follows: A service wanting either mandated or full accreditation would apply to the Council to enter the accreditation process. The Council would send the service the necessary materials, and self study by the service would commence. When ready, the service would complete their own assessment forms and notify the Council that they were ready for a reviewer to visit the service to confirm the self assessment. Following the visit, the reviewer would forward the anonymous service's self assessment and their own assessment to a small panel of experts for a decision. Panels would notify the Council of their decision, and, if the application has been unsuccessful, provide feedback and advice to services about the action needed to achieve accredited status. Council would notify the service of the accreditation decision and would notify Government of mandated accreditation decisions.

The Council would have the following functions:

- Policy making, management and evaluation of the system
- Selection of the expert panels
- Notification to services of the accreditation decision and provision of feedback and advice to unsuccessful services
- Notification to Government of mandated accreditation decisions
- Developing and operating a training system for reviewers
- Ongoing development of the system, including expansion of the system into other children's services
- Consumer awareness/education
- Financial management/accountability
- Public reporting to Government (depending on how established)

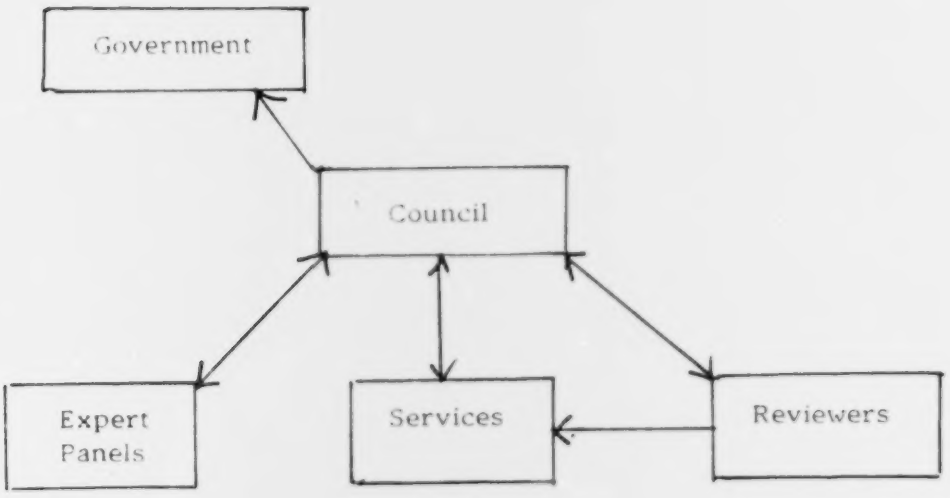
The expert panels would have the following functions:

- Assess documentation provided by services and reviewers and decide accreditation status

- Notify Council of decision
- Serve as a quality control mechanism

The reviewers would have the following function:

- Verify accuracy of data collected by the service during a visit to the service



In this structure, the panels would in effect be the umpires. They would be appointed by the Council, but would make the accreditation decision, not the Council. Thus we have inserted a layer into the system not suggested in the consultation kit. We believe this is important for two reasons:

- the need for specific expertise
- the need to preserve anonymity

The Place of Expertise

The decision about accreditation must be based on expertise in the areas being assessed. While the Council, as an industry body, would be made up of individuals with wide ranging expertise, its responsibilities require that members represent the interests of the industry as a whole in overseeing the workings of the Council, developing its policies and the like.

Panel members, in contrast, should have knowledge and experience in child development and developmentally appropriate practice in relation to young children, experience working in child care services and knowledge of the child care industry generally, as well as knowledge of the Australian accreditation system.

Reviewers do not need the same level of knowledge of the child care industry as panel members, but otherwise require the same kind of expertise.

Panel members and reviewers should encompass expertise relevant to particular services.

Principle 4

Premise: Accreditation rests on a body of expert knowledge. The integrity of the system will depend on assessments being made by people with the necessary expertise to understand what to look for and how to interpret what they are seeing.

Principle: Accreditation assessments need to be conducted by those with demonstrated expertise in the knowledge-base on which accreditation is based.

Principle 5

Premise: The decision on Accreditation needs to be anonymous and free from any potential conflict of interest.

Principle: Neither the decision-makers, nor the services, should be known to each other.

RATING SYSTEM

We found this a particularly hard section. If services are rated 1 - 7 on a range of criteria, as in the consultation kit, scores can be derived to allow the kind of 4 star rating suggested. We call this the star-rating approach. This gives consumers a clear guide to chose among services. Is this what we want? The system has been taken from the Early Childhood Environment Rating Scale (ECERS) developed by Clifford & Harms as a research tool where fine discrimination between centre quality was important. Does accreditation have the same need for such

discrimination? Is meaningful discrimination of this fineness possible when administered within our accreditation model?

The NAEYC system scores criteria 1 - 3, where 1 = not present, 2 = sometimes present, and 3 = mostly present. A three person Commission decides whether a centre can be accredited, based on a comparison of the centre's documents and the validator's report, using a notion of 'substantial compliance'. We call this the substantial compliance approach. Different criteria are given different weight, but these weightings are informal. They are 'understood' within the Commission, but are not written down and not made public. Commissions have considerable scope in weighing up the pluses and minuses of any given service in deciding if 'substantial compliance' has been met.
This system has the potential to seem elitist and unfair. If money hinges on the outcome, this approach to decision-making seems particularly problematic. On the plus side, the capacity to leave the Commissioner's discretion means that the system can retain flexibility and openness to individual need and different approaches.

Another rating system which we call the percentage compliance approach has been developed by the State of South Carolina for its mandated accreditation system. This scores criteria as present/absent (0/1), and multiplies the score by a public weighting. Important criteria have a higher rating than less important criteria. An overall percentage compliance is required for accreditation, and the weightings are such that compliance cannot be achieved unless the important criteria have been complied with.

We also struggled with whether the mandated component and the voluntary component needed to be treated the same. We wanted to balance simplicity, fairness, protection, and openness to variety.

Principle 6:

The system needs to balance simplicity, fairness, protection (of the service and the reviewer) and openness to variety in the interpretation of good practice.

With Principle 6 in mind we decided to recommend a single system, based on criteria to be rated by yes/no, some of which have to be met for fee relief, and all of which are to have public weightings.

- Percentage compliance for fee relief component
- Substantial compliance for full accreditation component

MANDATED COMPONENT

We have agreed that:

A. The mandated quality criteria should be an integral part of the full accreditation system for child care centres.

B. The mandated quality component of the fee relief provisions must be consistent with the following propositions

- It must be effective:
  That is it must be a direct assessment of quality in long day care centres and it must provide a significant level of quality control in all centres receiving fee relief.

- It must be acceptable:
  It must be acceptable to the child care field as a whole. It must therefore have face validity. ie the requirements must make sense to centre operators, parents and the community at large. The requirements should be features of quality that centres agree relate to a quality program, that parents agree they want for their children and that politicians and others can see and make sense of.

- It must be achievable with minimum inservice/resourcing support.

- It must be assessable by appropriately trained and qualified people.

- It must largely be based on observable key quality factors

- It must promote the integrity of the full voluntary system and the compulsory criteria must be presented as part of the total system but separately identified.

The following elements of child care centre practice must be covered by the mandated quality component of the fee relief provisions to ensure that:

The program is balanced
The program provides for a balance of active and quiet activities, structured and unstructured experiences, relaxed and stimulating times, group and individual activities, predicability and spontaneity and for a variety of indoor and outdoor play as well as for variety within and between spaces.

The program is developmentally based
The program provides experiences needed by children to develop in all areas irrespective of class, culture, gender or disability.

The program is predictable
The program has sufficient regularity of routines, procedures and timetables and continuity of staff to enable children to develop a sense of security.

The program is responsive and flexible
The Program is based on the needs of the individual children in it, and is implemented in such a way as to involve a minimum of regimentation.

The program provides for the needs of all children
The Program is planned and implemented in a way which takes account of children with special needs.

The program is respectful and positive
The Program is based on treating children with respect and in ways which promote a positive self concept.

The program promotes and protects the health and safety of children

There is a partnership
Parents are treated with respect and as full partners in the care of their child, and are encouraged to participate in the program in a meaningful way.

There is access to information and staff
Parents and staff exchange sufficient information and have sufficient opportunities to interact with each other to develop a working partnership.

Parents can exercise their rights as consumers
Parents have sufficient access to the centre to enable them to form their own judgements of conditions and the nature of the program.

Staff development
Staff are encouraged to have short and long-term goals and are provided resources needed to work towards them.

Written policies
Services have written policies re staffing and centre operating procedures.

We suggest that these categories are a useful guide to thinking about which criteria belong in a mandated component of accreditation. We recommend that you look at them and decide if they cover the areas important to you. When you are happy with your list, test criteria suggested in the consultation kit against them.

4 May 1992

AECA WORKING PAPER

AN ACCREDITATION SYSTEM FOR EARLY CHILDHOOD PROGRAMS STARTING WITH CENTRE-BASED LONG DAY CARE

Australian Early Childhood Association
Position Paper

This paper was written in June 1992 to support the position adopted by AECA in its submission to the Interim National Accreditation Council

EXECUTIVE SUMMARY

Accreditation should be developed with the aim of improving quality in all Australian child care centres and providing assurance of quality for parent users. Spin-offs will include the creation of generally accepted and understood industry standards for child care, a new and expanding industry of immense importance in its own right and as a central support to other industries.

The accreditation system needs to balance simplicity, fairness, protection (of the service and the reviewer) and openness to variety in the interpretation of good practice.

Its structure needs to adequately represent the interests of the child care industry as a whole, starting with long day care, but be able to be expanded quickly to include Family Day Care and in the longer term, the full range of children's services. The accreditation structure needs to ensure that functions are carried out by persons possessing the necessary skills, and that the integrity of the system is protected.

Accreditation assessments should be made by those with demonstrated expertise in the knowledge-base from which accreditation measures are derived. The final decision about accredited status should be made 'blind' - that is, in the absence of knowledge of the identity of the centre, and should be made by more than one person.

The system should be made up of structure which consists of a Council, accreditation panels, and trained reviewers.

The accreditation process would involve self assessment following self-study, expert review, expert 'blind' assessment and notification by the Council along with advice on any remedial steps needed, followed, if desired by an appeal.

Accreditation panels and reviewers should be members of the industry with recognised expertise. Panels will ensure consistency and thus quality control. In addition to recognised expertise, reviewers need to have training in the conduct of review visits.

The accreditation system needs to be owned by and responsive to the needs of the industry, including consumers. Mechanisms need to be developed to ensure that the accreditation system is open to industry in-put, the critical scrutiny of outsiders, and continual review.

Accreditation criteria need to have face validity, relate to child outcomes that are based on knowledge of child development, contemporary Australian family functioning and developmentally appropriate practice in child care.

They should relate to standards that are amenable to change and can be reasonably expected of services across Australia. They should be 'key quality factors' or important

'contributing factors' that are not already addressed through other regulatory mechanisms. Key quality factors are those that directly impact on children. Contributing factors are such factors as staff qualifications, written policies, etc., that are known to be associated with quality of care but do not directly affect children.

Accreditation criteria should not be overly prescriptive. They should allow services to meet them in a variety of ways and should be expressed in the form of underlying principles, with examples.

The mandated component of fee relief should be fully integrated with, not separate from, the full system. Compliance with the criteria related to fee relief should not be called accreditation. 'Fee relief compliance' or some similar phrase needs to be used. Compliance should be achievable by most services with a minimum of inservice/resource support.

AN ACCREDITATION SYSTEM FOR EARLY CHILDHOOD PROGRAMS STARTING WITH CENTRE-BASED LONG DAY CARE

Government plans to establish an industry-based accreditation system for children's services beginning with centre-based long day care have the full support of the Australian Early Childhood Association. It is AECA's strong view that an accreditation system eventually needs to encompass the full range of early childhood programs. In the first instance it is sensible to focus on centre-based long day care, but moves need to be made quickly to extend accreditation to Family Day Care. As soon as possible after that, the system needs to be expanded to apply to the full range of early childhood programs. Because the focus now is on centre-based long day care, this paper talks of child care. In all instances, unless otherwise made clear, child care should be read, 'centre-based long day care'.

AIMS OF ACCREDITATION

The industry-based accreditation system to be established by Government should be expected to:

- improve the quality of care in all centres
- improve awareness and understanding of the need for good practice in child care
- create explicit industry standards for good practice
- improve job satisfaction of child care workers
- provide parents with assurance of quality in the programs they use
- provide Government with a lever to encourage improvements in centres providing inadequate care
- complement, rather than duplicate, other regulatory mechanisms such as State licensing conditions and industrial awards

Accreditation should have a general impact on quality

Australia's system will not be completely voluntary, as it will have a component related to fee relief. Realistically, to result in an improvement in quality in all centres, an Australian system needs to be simpler than some fully voluntary models used overseas; it needs to set standards which a majority of centres willing to make the necessary effort can achieve; and the standards need to be equally relevant to centres in all parts of Australia, regardless of clientele.

Accreditation should improve awareness and understanding of good practice in child care

There is still widespread failure to understand the significance of children's early experience. The quality of child care affects children's likelihood of achieving their full potential. The foundations for the development of the key competencies now being identified by the Mayer Committee as essential in a modern workforce are laid in childhood. From this national perspective, it is crucial that what amounts to a revolution in child rearing during the last decade, that is, the group care of young children, supports the national interest.

At a minimum, child care needs to ensure that children are given individualised attention if the well-documented disadvantages of instititutionalisation are to be avoided. More positively, good child care provides an opportunity to raise the general level of competency in the next generation by giving children in group care a better start than they would otherwise receive. Longitudinal research makes it clear that effective early childhood programs have lasting impacts on children, making an investment in program quality defensible in economic as well as human terms (Sylva, 1988).

Arguments that concerns for outcomes for children can be dismissed because they are motivated to protect early childhood careers reveal a serious lack of understanding of the importance to children, their families and, ultimately, the nation, of the quality of their experience in child care. Many children will spend 12,000 hours in child care over the course of their childhood (Greenman, 1991). This is more time than they will spend in primary and secondary schooling.

Industry-based accreditation which focuses on observable, child outcome measures will help to improve understanding of the nexus between experience and child development in the industry and in the wider community. At present, pressure to improve standards is coming largely from organisations and individuals with expertise in child psychology, pediatrics, care and education. With improved understanding of the issues, support for good quality early childhood programs can be expected to have a substantially expanded base.

Accreditation will create explicit standards of good practice for the child care industry

At present, there are no agreed industry standards against which a child care worker, a service, or a parent selecting a service, can judge performance. Agreed industry standards are also necessary if governments and other policy makers are to judge wisely among the competing claims for policy changes to the child care program.

State licensing regulations set lower limits, below which a centre cannot legally operate. These minimum standards by definition are minimums only and will not necessarily reflect

agreed best practice, even when national consistency has been achieved. At present there is little national agreement about even minimally adequate standards.

Accreditation will improve job satisfaction for child care workers

The high turnover among child care staff reflects in part a lack of job satisfaction (Baker & Robertson, 1992; Ryan, 1989; Northern Territory Children's Services Program Planning Committee, 1988, Laing, 1990). With an acute shortage of qualified child care staff in some States (eg SA Children's Services Office, 1991) and intense pressure on available resources in the TAFE and Higher Education sectors, unnecessary wastage in the trained child care workforce cannot be sustained. The stress of working intensively with young children will be reduced when workers are clear about and united in their goals, and work in an environment which supports the achievement of explicit and agreed goals.

Accreditation will provide quality assurance for parents

Accreditation acknowledges quality where it exists. By focusing on child outcomes, accreditation goes beyond setting the boundary conditions for care. It provides a direct measure of the adequacy of children's experiences in the centre. In this way, accreditation provides a level of quality assurance for parents that is not available through other regulatory mechanisms. For example, rather than stating that staff must possess child care qualifications (a licensing condition), accreditation would monitor the quality of the interaction between staff members and children. In any particular instance, a staff member with the necessary qualifications to meet licensing standards may lack the necessary skill to comply with an accreditation standard.

Government will have a mechanism to encourage centres to improve quality

Families using centres eligible for any form of Government subsidy are entitled to assume that the quality of service being provided meets Government standards. It is legitimate for Government to be concerned about standards of care in subsidised services, and to have the power to remove subsidy privileges from centres unwilling to improve standards should this prove necessary.

While it seems unlikely that a centre's failure to comply with fee relief related criteria would result in those families already receiving fee relief being denied further help, Government could refuse to allow the centre to continue offering fee relief to new parents until the areas of concern were rectified.

Accreditation should build on rather than duplicate existing regulations

It is unnecessary and undesirable that accreditation duplicate the functions of other regulatory bodies in child care. Accreditation should complement rather than substantially overlap with or replace existing regulations. Especially as individual centres may not elect to apply for or retain fee relief privileges, State licensing is necessary as a base-line protection for children in all programs. It is crucial for an agency to retain the legislative capacity to close centres when necessary. Similarly, it is necessary for employers and staff to retain legal recourse through the Industrial Relations Commission.

THE ACCREDITATION SYSTEM

To achieve the above goals, AECA considers that the accreditation system needs to balance simplicity, fairness, protection (of the service and the reviewer) and openness to variety in the interpretation of good practice.

Accreditation structure and process

The accreditation system needs to be developed according to the following principles: It needs to:

- Adequately represent through its structures the interests of the child care industry as a whole; in the first instance the centre-based long day care sector, but as soon as possible there-after the Family Day Care sector and, in the longer term, the broad range of children's services
- Ensure that functions are carried out by persons possessing the necessary skills
- Provide protection to the integrity of the system through its structures and processes

The accreditation process needs to embody the following principles:

- Accreditation assessments must be conducted by those with demonstrated expertise in the knowledge-base from which accreditation measures are derived;
- Accreditation decisions should be 'blind'. Neither the decision-makers, nor the services, should know the identity of the other;
- Accreditation status should be determined by more than one person.

We suggest a structure which consists of a Council, expert accreditation panels, and trained reviewers. The accreditation process would be as follows. A service wanting either mandated or full accreditation would apply to the Council to enter the accreditation process. The Council would send the service the necessary materials, and self study by the service would commence.

When ready, the service would complete their own assessment forms and notify the Council that they were ready for a reviewer to visit the service to confirm the self assessment. Following the visit, the reviewer would forward the anonymous service's self assessment and their own assessment to a small panel of experts for a decision. Panels would notify the Council of their decision, and, if the application has been unsuccessful, provide feedback and advice to the service about the action needed to achieve accredited status. Council would notify the service of the accreditation decision and would notify Government of mandated accreditation decisions. Government would make determinations regarding fee relief status, and any remedial action needed by centres to retain fee relief. Centres could lodge an appeal with the Council. Council would normally seek the advice of a second panel. If necessary, a second reviewer could be appointed.

The importance of self-study

AECA believes that an accreditation system needs to be premised on the prime importance of the self-study component as a mechanism to bring about meaningful and lasting improvements in quality. Experience with accreditation in other disciplines has found that self study is potentially the single most important element of accreditation, 'frequently yielding far more important discoveries and benefits than does the later accreditation site visit (Worthen & Sanders (1984). This is the strong view of NAEYC regarding their system of accreditation for early childhood programs (Bredekamp, 1989) and is one that is endorsed by AECA. If improvements in quality are to be long-lasting, a growth in understanding of why the centre operates as it does, or shy it needs to change in line with accreditation standards needs to occur among staff and parents.

However, self-study cannot become the only goal of accreditation. The self-study must refer to industry-standards. Self-evaluation within the centre needs to be subject to external review against the same industry standards in order to achieve accredited status.

Accreditation Council

The accreditation system should be governed by an independent Accreditation Council made up of representatives of the child care industry. Its membership should include peak industry bodies, representatives of the community-based sector, the commercial sector, consumers, the Commonwealth, State and Local Government, the ACTU, employer bodies and training institutions.

The Council would have the following functions:

- Policy making, management and evaluation of the system
- Selection of the expert panels
- Notification to services of the accreditation decision and provision of feedback and advice to unsuccessful services
- Notification to Government of mandated accreditation decisions
- Developing and operating a training system for reviewers
- Ongoing development of the system, including expansion of the system into other children's services
- Consumer awareness/education
- Financial management/accountability
- Public reporting to Government (depending on how established)

Panels

Council would appoint a number of panels each consisting of perhaps three persons with recognised competence to assess the reports of centre self-assessments and reviewer visits, and judge accreditation status.

The panels would have the following functions:

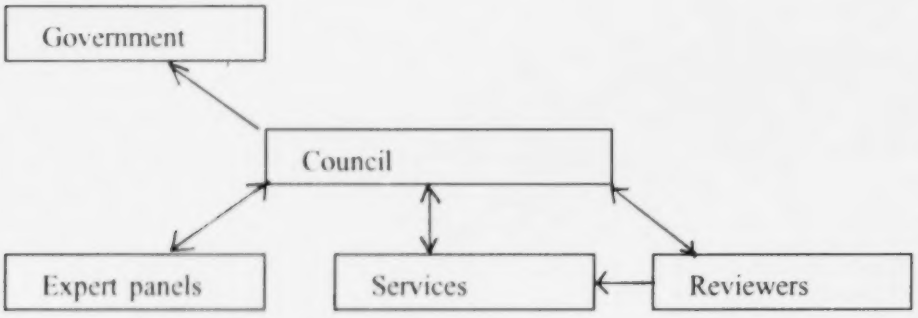
- Assess documentation provided by services and reviewers and decide accreditation status of the centre
- Notify Council of decision
- Serve as a quality control mechanism
- Provide advice to applying services on any areas for improvement

Reviewers

The reviewers would have the following functions:

- Verify accuracy of data collected by the service during a visit to the service
- Complete a program profile based on direct observation and discussion with director and Management Committee chair and/or proprietor
- Forward documentation to panel for decision

Figure 1. Structure of the Accreditation System



The importance of the expert panels

Panels would be appointed by the Council, but would make the accreditation decision, not the Council. We believe this is important for two reasons:

- the need for specific expertise
- the need to preserve anonymity

AECA believes that specific expertise will be required to assess the documentation prepared by the applying centre and the reviewer, particularly when there are areas of disagreement. Expert panels could be constituted so that there would have to be at least one person with specific expertise in the type of centre being reviewed (eg a remote area or Aboriginal centre, a centre serving a particular ethic community, etc.).

Panel members should have knowledge and experience in child development and developmentally appropriate practice in relation to young children, experience working in child care services and knowledge of the child care industry generally, as well as knowledge of the Australian accreditation system.

Experience with accreditation in other professions/industries underscores the need to build in mechanisms to ensure that the assessment outcomes are not vulnerable to corruption, mutual 'back scratching' or an assessor's self interest (eg, hurting the competition).
The best way to protect the system is to make the final decision on accreditation status anonymous.

The importance of expert reviewers

AECA believes that the reviewers are the key to quality control in the accreditation system. Accreditation rests on a body of expert knowledge about child development and

good practice that leads to positive outcomes for children. The integrity of the system will depend on assessments being made by people with the necessary expertise to understand what to look for and how to interpret what they are seeing. Reviewers must have demonstrated these skills to have credibility in the centres they are reviewing.

It is essential that reviewers have at least a two year qualification in a formally recognised course in early childhood, child care, or a related field, substantial experience in and knowledge of child care, and sensitivity to the particular circumstances of the services they review.

The most appropriate qualifications could vary from one part of the country to another, reflecting differences in staffing practices and concommitant variation in the appropriateness of local preservice courses. For example, in New South Wales, and now Queensland, it would be difficult for a reviewer lacking a three year early childhood teaching qualification to gain credibility in centres where this qualification is a licensing requirement. In other States, a two year child care qualification could be more appropriate than a three or four year preschool qualification.

Resistance to the notion of 'expertise'

Child care is a relatively new industry and does not yet have universally acknowledged expert leaders. For this reason calling for recognised expertise on panels and among reviewers poses problems and concerns that need to be recognised and addressed. There is legitimate concern that narrow interests not be able to'hijack' the industry and hold it to ransom. There is also concern that some academics with theoretical but little practical knowledge may lay claim to be the experts. Finally, there is a suspicion that university trained early childhood teachers may try to squeeze out other categories of child care workers from reviewing and/or deciding on accreditation status, and vice-versa.

All of these concerns should be addressed through the make-up and policies of the Council. The Council, as the policy body, needs to be in a position to appoint, train and monitor the performance of the reviewers, the expert panels and the system as a whole, including the tool. Provided the Council is properly representative, the interests of the industry as a whole should be served.

The need for critical scrutiny and the capacity to adapt over time

Experience with accreditation models in educational evaluation points to the need to ensure that the industry-based nature of accreditation does not lead to an uncritical acceptance of outdated but familiar practice which a naive outsider might rightly question (Worthen & Sanders, 1984). The whole accreditation system, including the tool, needs to be open to scrutiny and critical evaluation with particular allowance for 'outsider' reaction

in order to create a dynamic system which will be responsive to the emergence of new conditions.

The role of consumers

The Council needs to ensure that consumer interests are strongly represented. Parent input into the development of accreditation criteria is crucial, as is their input into a centre's self-evaluation.

THE ACCREDITATION TOOL

The accreditation tool needs to comprise the range of criteria which most directly relate to children's experience of care and which are considered by the industry to reflect best practice. A subset of the full set of criteria for accreditation are the criteria which must be met by centres receiving Commonwealth fee relief. These criteria will be referred to as the 'Fee Relief Criteria', and will be described in detail in the next section of this submission. This section presents AECA's position on features of the Accreditation tool as a whole.

Accredation criteria should:

- reflect good sense
- be based on knowledge of child development and Australian family needs
- be based on features of programs that can be changed
- be confined to key quality factors; or contributing factors that are not covered by other regulations
- allow for diversity by being expressed in the form of general principles
- be amenable to application to the full range of children's services with minimal modification

Accreditation criteria should reflect 'good sense'

All accreditation criteria must have 'face validity'. That is, they must appear sensible, and to relate in an understandable way to the industry's understanding of program quality. In considering the need for 'face validity', a distinction should be made between accreditation criteria as a whole and the subset of criteria making up the component of accreditation which is to be linked with the right to obtain fee relief. While all criteria need to be understandably linked to child outcomes, some of these links need not be obvious at first reading, though all need to be able to be understood through an educative and reflective process. Criteria of this kind should not be part of the 'mandated'

component of accreditation, however. The criteria to be linked with fee relief should be as obvious and important to the 'person on the street' as to child care experts without assistance (see below).

Child outcomes should be judged on the basis of what is known about the nature of child development, contemporary Australian family functioning and developmentally appropriate practice in child care

Although accreditation criteria should have understandable links with quality, that is, they should reflect 'good sense', they need to derive from more than simple 'common sense.' It is important that accreditation measures be solidly based on the body of expert knowledge of child development and child care if they are to genuinely assure quality for children. The tool needs to include measures of the degree to which centre practice supports and strengthens the role of Australian parents in raising their child.

Accreditation criteria should relate to standards that are amenable to change and can be reasonably expected of services across Australia

There may be little a service operating in non-purpose built centres can do about the physical structure of their building, such as the location and layout of the kitchen. There will be much they can do with the way they use their space and organise their program. Accreditation should focus on the latter. It is appropriate that standards for building design are developed, but they do not belong in an accreditation tool. If poor facilities result in inadequate programs, this should emerge in measures of interactions and curriculum.

Unless standards are realistic and achievable by average centres, providing staff have the necessary understanding of how to work effectively with children, accreditation risks becoming an elitist system which is unlikely to have much to offer average families.

Accreditation criteria should be confined to 'key quality factors' or important contributing factors that are not already addressed through other regulatory mechanisms

An accreditation system should not duplicate the baseline minimum standards contained in licensing regulations as this would represent duplication of effort and could lead to conflict. Where licensing regulations cover key quality factors such as interactions between staff and children, appropriate health and safety practices, the implementation of a developmentally appropriate, family-sensitive curriculum based on individual and group needs, and parent/staff collaboration, there will be some overlap with accreditation. Typically, the standard required for accreditation will be above that required for licensing. A good accreditation system builds on licensing.

Accreditation criteria should not be overly prescriptive

The accreditation process needs to encourage growth in staff understanding of the nature of their work. For this reason, accreditation standards should reflect underlying principles rather than easily copied, discrete behaviours. Although prescribed behaviours are more easily understood, identified and verified than are the general principles of good practice, very rarely in child care will any particular behaviour invariably be appropriate. If the accreditation tool is so explicit about how staff are to manage their program that the criteria can simply be learned and 'performed' parrot fashion to get through the accreditation procedure, it is unlikely that anything meaningful for children will have been achieved and, without an underlying understanding, it is unlikely that any improvements in standards will be sustained. The tool needs to contain explicit 'exemplars' as a guide, but these need to relate clearly to criteria which reflect more general principles and not stand alone, check list fashion, as in the draft Criterion booklet.

Perhaps more importantly, accreditation must not limit quality by overly defining 'one right way'. There will never be only one way. This is particularly so for children from diverse backgrounds and cultures.

MANDATED COMPONENT OF ACCREDITATION: FEE RELIEF CRITERIA

The mandated component must promote the integrity of the full voluntary system. Its criteria must be presented as part of the total system but be separately identified.

The purpose of the mandated component and its relation to accreditation should be clear; criteria linked to fee relief should be presented as a integral part of the accreditation tool; compliance with criteria linked to fee relief should not be called 'accreditation'.

It is important that the mandated quality criteria be an integral part of the full accreditation system for child care centres. They should appear as marked criteria needing to be met first for eligibility for fee relief within the full accreditation document. In describing compliance with the mandated criteria, it is vital that no confusion is generated between this level of compliance and accredited status. Neither the mandated criteria on their own, or compliance with them, should be referred to as 'accreditation'.

In addition to the characteristics listed for accreditation criteria, fee relief-linked criteria need to meet these additional tests:

- Obvious links to quality, those features of care (focused on outcomes) which all can agree no child should do without.

- It must be achievable with **minimum** inservice/resourcing support.

In their totality, the criteria should ensure that:

The program is balanced
The program provides for a balance of active and quiet activities, structured and unstructured experiences, relaxed and stimulating times, group and individual activities, predictability and spontaneity and for a variety of indoor and outdoor play as well as for variety within and between spaces.

The program is developmentally based
The program provides experiences needed by children to develop in all areas irrespective of class, culture, gender or disability.

The program is predictable
The program has sufficient regularity of routines, procedures and timetables and continuity of staff to enable children to develop a sense of security.

The program is responsive and flexible
The Program is based on the needs of the individual children in it, and is implemented in such a way as to involve a minimum of regimentation.

The program provides for the needs of all children
The Program is planned and implemented in a way which takes account of children with special needs.

The program is respectful and positive
The Program is based on treating children with respect and in ways which promote a positive self concept.

The Program promotes and protects the health and safety of children

There is a partnership
Parents are treated with respect and as full partners in the care of their child, and are encouraged to participate in the program in a meaningful way.

There is access to information and staff
Parents and staff exchange sufficient information and have sufficient opportunities to interact with each other to develop a working partnership.

Parents can exercise their rights as consumers
Parents have sufficient access to the centre to enable them form their own judgements of conditions and the nature of the program.

Staff development
Staff are encouraged to have short and long-term goals and are provided resources needed to work towards them.

Written policies

Services have written policies re staffing and centre operating procedures.

Proportion of accreditation that should be mandated

Criteria to be met for fee relief purposes should represent essential quality. Optimal standards represented by substantial compliance with the full accreditation criteria should remain centrally related to quality, but could be seen to be highly desirable, rather than essential.

References

Baker, M & Robertson, F (1992) Staff Turnover in Child Care Centres: Report to the Women's Bureau, Department of Employment, Education and Training. National Institute of Labour Studies, Flinders University of South Australia.

Bredekamp, S (1989) Address to the National Council Meeting of the Australian Early Childhood Association, Canberra, September.

Children's Services Office, South Australia (1991) Child Care Industry in South Australia. Background paper distributed at the Seminar on Child Care Training, Children's Services Consultative Committee, Adelaide, 23 March.

Greenman, J (1991) Places for childhoods in the 1990s, Proceedings of the 19th National Conference of the Australian Early Childhood Association, Adelaide 28 September - 2nd October, pp 1-28.

Laing, R (1990) Matter A 349 - Anomalies and Inequities Claims - Child Care Industry (Australian Capital Territory Award 1985 and Child Care INdustry (Northern Territory) Award 1986: Enquiry and Report. (The Laing Report of the Child Care Test Case Inquiry.)

Northern Territory Children's Services Program Planning Committee (1988) Background Paper: Recruiting and Retaining Qualified Child Care and Chidlren's Services Staff.

Ryan, P (1989) Staff Turnover in Long Day Care: A Survey of New South Wales Long Day Care Centres, Community Child Care Co-operative Ltd: Surry Hills.

Sylva, K (1988) Competence and coping in children, Proceedings of the 18th National Conference of the Australian Early Childhood Association, Canberra, September 4-8.

Worthen, B & Sanders, J (1984) Educational Evaluation: Alternative Approaches and Practical Guidelines. Longman: London.

AECA WORKING PAPER

SUBMISSION TO THE INTERIM NATIONAL ACCREDITATION COUNCIL

June 1992

This paper was written in June 1992 and submitted to the Interim National Accreditation Council as AECA's response to the Consultation Kit

SUBMISSION TO THE INTERIM ACCREDITATION COUNCIL

This submission has two parts. The first part gives AECA's view of an overall framework for accreditation to be provided to the Minister by the Interim Council at the end of this month. In the second part of the submission, AECA responds to the consultation kit.

In recognition of the terms of reference of the Interim Council, this submission focuses on centre-based long day care. For convenience, the term child care is used, but, unless otherwise made clear, should be read as centre-based long day care.

AECA also attaches a position paper on accreditation that provides the arguments supporting AECA's views on the framework and other issues about an accreditation system. There is substantial overlap in the three documents. They are presented in this format to facilitate ease of compilation by the Interim Council.

AECA is currently working on fleshing out the framework in more detail, and hopes to be able provide a concrete and detailed view of what the framework implies about a model system in the near future.

AUSTRALIAN EARLY CHILDHOOD ASSOCIATION INC.

WATSON ACT 2602

PART I: THE AUSTRALIAN EARLY CHILDHOOD ASSOCIATION

RECOMMENDED FRAMEWORK FOR ACCREDITATION

AIMS OF ACCREDITATION

The industry-based accreditation system to be established by Government should be expected to:

- improve the quality of care in all centres
- improve awareness and understanding of the need for good practice in child care
- create explicit industry standards for good practice
- improve job satisfaction of child care workers
- provide parents with assurance of quality in the programs they use
- provide the Commonwealth Government with a mechanism to encourage improvements in centres providing inadequate care
- complement, rather than duplicate, other regulatory mechanisms such as State licensing conditions and industrial awards.

Accreditation should be developed with the aim of improving quality in all Australian child care centres and providing assurance of quality for parent users. Spin-offs will include the creation of generally accepted and understood industry standards for child care, a new and expanding industry of immense importance in its own right and a central support to other industries.

An Australian system needs to be somewhat simpler than the fully voluntary system of accreditation developed in America by the National Association for the Education of Young Children (NAEYC); it needs to set standards which a majority of centres willing to make the necessary effort can achieve; and the standards need to be equally relevant to centres in all parts of Australia, regardless of clientele.

Accreditation should complement rather than substantially overlap with or replace existing regulations. Especially as individual centres may not elect to apply for or retain fee relief privileges, State licensing is necessary as a base-line protection for children in all programs. It is crucial for an agency to retain the legislative capacity to close centres when necessary. Similarly, it is necessary for employers and staff to retain legal recourse through the Industrial Relations Commission.

THE ACCREDITATION SYSTEM

To achieve the above goals, AECA considers that the accreditation system needs to balance simplicity, fairness, protection (of the service and the reviewer) and openness to variety in the interpretation of good practice.

Accreditation structure and process

The accreditation system needs to be developed according to the following principles. It needs to:

- Adequately represent the interests of the child care industry as a whole; in the first instance the centre-based long day care sector, but as soon as possible there-after the Family Day Care sector and, in the longer term, the broad range of children's services

- Ensure that functions are carried out by persons possessing the necessary skills

- Protect the integrity of the system

The accreditation process needs to embody the following principles:

- Accreditation assessments must be conducted by those with demonstrated expertise in the knowledge-base from which accreditation measures are derived;

- Accreditation decisions should be 'blind'. Neither the final decision-makers, nor the services, should know the identity of the other;

- Accreditation status should be determined by more than one person.

We suggest a structure which consists of a Council, accreditation panels, and trained reviewers.

The process would be similar, whether the centre was applying for recognition of compliance with fee-relief-related criteria or for full accreditation. Steps:

1. Centre applies to Council for accreditation materials
2. Centre engages in a period of self-study
3. When ready, centre prepares a written self assessment and requests a review visit
4. An outside reviewer completes an independent assessment of the centre, based on observations and interviews
5. Reviewer sends both assessments to an assessment panel
6. Panel recommends accreditation or further improvement
7. Council advises centre of accreditation decision
8. If unsuccessful, centre resumes self study or, if desired, appeals decision
9. Council notifies the Commonwealth of the centre's compliance with fee relief-related status

Accreditation Council

The accreditation system should be governed by an independent Accreditation Council made up of representatives of the child care industry. Its membership should include peak industry bodies, representatives of the community-based sector, the commercial sector, consumers, the Commonwealth, State and Local Government, the ACTU, employer bodies and training institutions.

The Council would have the following functions:

- Policy making, management and evaluation of the system
- Selection of the expert panels
- Notification to services of the accreditation decision and provision of feedback and advice to unsuccessful services
- Notification to Government of mandated accreditation decisions
- Developing and operating a training system for reviewers
- Ongoing development of the system, including expansion of the system into other children's services
- Consumer awareness/education
- Financial management/accountability
- Public reporting to Government (depending on how established)

Panels

The Council would appoint a number of panels, each consisting of three persons with recognised competence to assess the reports of centre self-assessments and reviewer visits, and judge accreditation status.

The panels would have the following functions:

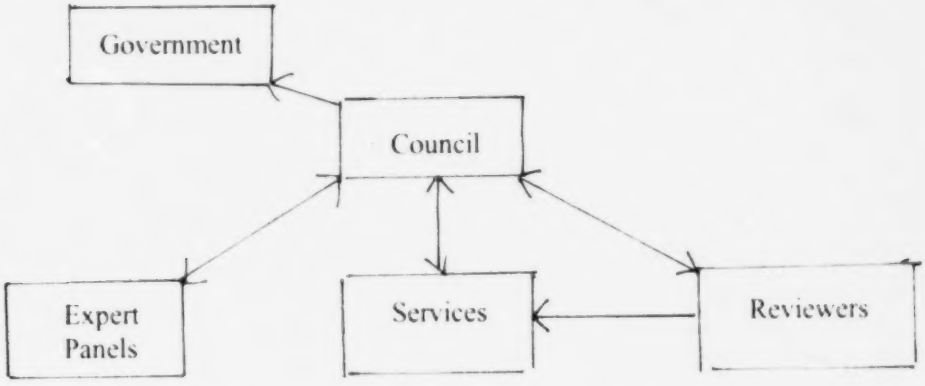
- Assess documentation provided by services and reviewers and decide accreditation status of the centre
- Notify Council of decision
- Serve as a quality control mechanism
- Provide positive feedback to services along with advice on any areas for improvement

Reviewers

The reviewers would have the following functions:

- Verify accuracy of data collected by the service during a visit to the service
- Complete a program profile based on direct observation and discussion with director and Management Committee chair and/or proprietor, and perusal of written documentation
- Forward documentation to panel for decision

Figure 1. Structure of the Accreditation System



The importance of the expert panels

Panels be appointed by the Council but would make the accreditation decision, not the Council. Thus we have inserted a layer into the system not suggested in the consultation kit. We believe this is important for two reasons:

- the need for specific expertise
- the need to preserve anonymity

AECA believes that specific expertise not necessarily possessed by members of the Accreditation Council will be required to assess the documentation prepared by the applying centre and the reviewer. Expert panels could be constituted so that there would have to be at least one person with specific expertise in the type of centre being reviewed (eg a remote area or Aboriginal centre, a centre serving a particular ethnic community, etc.).

Panel members should have:

- knowledge and experience in child development and developmentally appropriate practice in relation to young children
- experience working in child care services
- knowledge of the child care industry generally
- knowledge of the Australian accreditation system.

Mechanisms are needed to ensure that the assessment outcomes are not vulnerable to corruption, mutual 'back scratching' or an assessor's self interest (eg, hurting the competition). The best way to protect the system is to make the final decision on accreditation status anonymous through the use of the panel. Introducing a panel

also permits the decision-making to become the responsibility of more than one person, thus adding a measure of protection to the reviewer.

The importance of expert reviewers

Reviewers need expertise in order to:

- provide quality control, protecting the integrity of accreditation assessments by interpreting correctly what is observed and described
- have credibility within the centre under review

It is essential that reviewers have

- at least a two year qualification in a formally recognised course in early childhood, child care, or a related field
- substantial experience in and knowledge of child care
- sensitivity to the particular circumstances of the services they review.
- specific training in conducting accreditation reviews

Beyond the above baseline, the most appropriate qualifications of reviewers may vary across the country, reflecting regional variation in training/employment patterns to ensure that reviewers' qualifications are seen by centres to be appropriate and are at least the level of qualification held by the qualified staff in the centre being reviewed.

AECA also believes that reviewers will need to receive comprehensive training to undertake the role of reviewers.

Reviewing the system: the need for critical scrutiny and the capacity to adapt over time

The system needs to provide for ongoing review of the system as a whole and of the tool. Part of the review process needs to include critical scrutiny by parties outside the industry as a means of avoiding any perpetuation of unjustified but familiar practice. The system needs to be dynamic and responsive to the emergence of new conditions and needs.

The role of consumers

The Council needs to ensure that consumer interests are strongly represented. Parent input into the development of accreditation criteria is crucial, as is their input into a centre's self-evaluation.

THE ACCREDITATION TOOL

The Australian accreditation process needs to be simpler than the NAEYC system. It also needs to avoid substantial duplication with licensing and industrial award regulations. Both needs can be addressed by reducing the scope of the criteria to be covered to those that are key quality factors (children's direct experience of care), or crucially important contributing factors not covered by other regulatory mechanisms. A subset of the full set of criteria for accreditation are the criteria which must be met by centres receiving Commonwealth fee relief. These criteria will be referred to as the 'Fee Relief Criteria', and will be described in detail in the next section of this submission. This section presents AECA's position on features of the Accreditation tool as a whole.

Accreditation criteria should:

- have face validity
- relate to child outcomes that are based on knowledge of child development, contemporary Australian family functioning and developmentally appropriate practice in child care.
- be based on features of programs that can be changed and can reasonably be expected of all programs
- be confined to key quality factors; or contributing factors that are not covered by other regulations
- be expressed in terms of general principles, with exemplars, rather than discrete, proscriptive behaviours
- be amenable to applications in the full range of children's services, starting with Family Day Care.

In addition, the accreditation tool must be valid (ie measure what it purports to measure), and have both inter-rater reliability and test-retest reliability (ie be capable of being rated the same way by more than one person, or from one time to the next).

Accreditation components should comprise:

Key quality factors:

- Interactions among staff and children
- Interactions between staff and parents
- Curriculum/program for children
- Health & safety
- Food & nutrition

Important contributing factors:

- Management & Staff development

Rating scale

Assessments should indicate whether a criteria is met, partially met or substantially/fully met, on a 3 point scale. Criteria should have weightings indicating their relative importance, and these should be presented in all accreditation material alongside the criteria.

Accreditation status should be determined on the basis of **substantial compliance** with the accreditation criteria as judged by the accreditation panel, leaving scope for individual variation among centres.

Developing the tool

It is essential that there is industry ownership of the full tool and the portion of the tool that is to be linked to fee relief. Accreditation must not feel like a 'top down' imposition on the industry. To achieve this ownership, there **must** be broad consultation on draft criteria and indicators once there has been agreement on the principles to be embodied in the tool.

Drafting the criteria should be undertaken by a paid professional under the direction of the Accreditation Council.

MANDATED COMPONENT OF ACCREDITATION

Because the mandated component of accreditation to be linked to fee relief will set a lower standard of quality than full accreditation, compliance at this lower level must not be likely to be confused with accredited status. As well as assuring a level of quality that no child in a Commonwealth supported service should have to do without, the process of complying with the mandated component of accreditation should help centres become aware of larger quality-related issues and areas for further improvement and thus act as a promotion for full accreditation. The mandated component should;

- be presented as an integral part of the accreditation tool but be separately identified
- be called something distinguishable from accreditation, ie, compliance with the relevant criteria should be termed something other than 'accreditation'

As well as having the characteristics listed for accreditation criteria generally, fee relief-linked criteria need to meet these additional tests:

- Have obvious links to quality, those features of care (focused on outcomes) which all can agree no child should do without.
- Be achievable with **minimum** inservice/resourcing support.

In their totality, the criteria should ensure that programs are:

- balanced
- developmentally based
- predictable
- responsive and flexible
- meeting the needs of all children, including those with special needs
- respectful and positive
- promoting and protecting health and safety
- supporting a partnership with parents
- giving parents access to information and staff
- allowing parents to exercise rights as consumers
- providing for staff development
- have written policies

Proportion of accreditation that should be mandated

Criteria to be met for fee relief purposes should represent essential quality. Optimal standards represented by substantial compliance with the full accreditation criteria should remain centrally related to quality, but could be seen to be highly desirable, rather than essential.

Rating scale

Criteria should have weightings indicating their relative importance. The weightings should be printed alongside the criteria in the handbook. Compliance with the mandated components should be determined by achieving a percentage of the total score possible if all the mandated criteria were fully met. The percentage needed for compliance should be set relatively high (eg 80%). The weightings given to the criteria should be such that crucially important criteria have to be present for an overall score to result in a judgement of compliance.

COSTINGS

The Council will need to estimate costs for those areas that are at present left uncosted in order to provide advice to the Minister by the end of June. Estimates need to ensure that the self-study, inservice/resourcing components of the system are strongly supported, as these are crucial to the capacity of accreditation to function.

There needs to be recognition that the industry has limited capacity to contribute to the overall cost of accreditation.

AUSTRALIAN EARLY CHILDHOOD ASSOCIATION INC.

PO BOX 05
WATSON ACT 2602

PART II: THE AUSTRALIAN EARLY CHILDHOOD ASSOCIATION

RESPONSE TO THE CONSULTATION KIT

Rating Scale

The Australian Early Childhood Association (AECA) does not support the rating system suggested in the kit.

AECA recommends a 3 point scoring system with substantial compliance for accreditation and percentage compliance for the fee-relief-linked component.

All criteria should have weightings according to their relative importance in terms of overall quality.

Handbook

Consultations on this should be deferred until other issues are decided.

Self-Study for Accreditation

AECA believes that the self-study phase of accreditation is crucial, and potentially the most important part of the entire process. It is important that the significant amount of time needed by staff, parents and management to undertake a meaningful self-evaluation is fully appreciated and allowed for. The need for training and resource/advisory services to support the self-study phase needs to be recognised. Mechanisms for supporting self-study in rural and isolated services will be a special challenge.

AECA stresses that self-study of itself does not constitute accreditation, however. The self-study must focus on industry standards, and be aimed at strengthening practice in the centre in order to achieve the standard. Self-evaluation of success in achieving the industry standard must be confirmed by an outside reviewer and accreditation status must be determined by an independent panel.

Accreditation Process

The Accreditation process must be as simple as possible. This is best achieved by narrowing the range of components to be covered given that self-study is crucial. AECA supports a process which permits centres to work to achieve compliance with those criteria needed for fee relief or to voluntarily seek to achieve substantial compliance with the full range of criteria needed for accreditation.

Minimum expectations of the process centres will need to undergo to fully involve parents, all staff members and management structures in the self-study phase need to be determined.

An appropriate appeals mechanism needs to be developed.

AECA does not support having the full Council determine accreditation status. There needs to be another layer, an accreditation panel, appointed by the Council and made up of three persons with:

- knowledge and experience in child development and developmentally appropriate practice with young children
- experience working in child care services
- knowledge of the child care industry generally
- knowledge of the Australian accreditation system.

All panelists must have the above qualifications. In addition, at least one panel member needs to have specialist knowledge of the type of centre applying for assessment.

Panels would:

- Assess documentation provided by services and reviewers and decide accreditation status of the centre
- Notify Council of decision
- Serve as a quality control mechanism
- Provide positive feedback to services along with advice on any areas for improvement

Reviewers need to have the following qualifications:

- at least a two year qualification in a formally recognised course in early childhood, child care, or a related field, and more than this in some States, for some services
- substantial experience in and knowledge of child care
- sensitivity to the particular circumstances of the services they review.
- specific training in conducting accreditation reviews

Cost Implications

The Council will need to estimate all costs by the end of June. Estimates need to ensure that the self-study, inservice resourcing components of the system are strongly supported, as these are crucial to the capacity of accreditation to function.

The child care industry has limited capacity to share the costs of accreditation with the Commonwealth, and should not be expected to be expected to pay for the component of accreditation linked with fee relief. Because the fee relief related component of accreditation needs to be integrated with the rest of accreditation, there are problems to be resolved as to how the accreditation documentation should

be purchased. Industry contribution towards full accreditation is appropriate, but has to be set at a level that can be borne.

Components and criteria

AECA does not support the full range of components suggested in the consultation kit. Overlap with licensing and awards should be minimised, and the complexity of the overall system streamlined by focusing on key elements of quality which relate directly to children's experience. Accreditation components should comprise:

- Interactions among staff and children
- Interactions between staff and parents
- Curriculum/program for children
- Health & safety
- Food & nutrition
- Management & Staff development

AECA does not support the style of criteria illustrated in the sample tool. Criteria should all be positive statements of assessable quality-related behaviour. They should provide a statement of the underlying principle of importance, and include exemplars. For example, in health and safety, a criterion could be: outdoor equipment is well maintained and free of hazards arising from lack of maintenance (eg splinters, projecting nails, loose bolts).

Criteria linked to fee relief

Fee relief related criteria must:

- Have obvious links to quality, those features of care (focused on outcomes) which all can agree no child should do without.
- Be achievable with **minimum** inservice/resourcing support.

In their totality, the criteria should ensure that programs are:

- balanced
- developmentally based
- predictable
- responsive and flexible
- meeting the needs of all children, including those with special needs
- respectful and positive
- promoting and protecting health and safety
- supporting a partnership with parents
- giving parents access to information and staff
- allowing parents to exercise rights as consumers

providing for staff development
have written policies

They should represent essential quality. Full industry standards represented by substantial compliance with the full accreditation criteria should remain centrally related to quality, but could be seen to be highly desirable, rather than essential.

Criteria should have weightings indicating their relative importance, printed alonside the criteria in the handbook.

Compliance with the mandated components should be determined by achieving a percentage of the total score possible if all the mandated criteria were fully met. The percentage needed for compliance should be set relatively high (eg 80%). The weightings given to the criteria should be such that crucially important criteria have to be present for an overall score to result in a judgement of compliance.

AECA WORKING PAPER

COMMENTS ON THE INTERIM NATIONAL ACCREDITATION COUNCIL DRAFT ACCREDITATION PROCESS

This paper was written in October 1992 as part of a submission by AECA to the Interim National Accreditation Council.

HANDBOOK: PART 1, SECTION 1 - DRAFT COMPONENTS, PRINCIPLES AND DESCRIPTORS

General Comments: AECA considers that the revised draft components, principles and descriptors represents a considerable advance over the first draft and commends the Council for its work. These comments are aimed at helping to refine the tool further.

Generally, the tool is on the right track but leaves too little for the voluntary system and omits important elements of care, the standards are uneven and the indicators need fleshing out. The format could be improved through a simple change.

Specific Comments: AECA has drafted an alternative tool that illustrates AECA's suggestions for improvements. In brief, these are:

- modified format to relinquish the three columns 'minimum', 'good', and 'excellent' and replace with three types of criteria, 'required', 'self-selected' and 'voluntary system only'

- re-written, re-arranged, substitute, and additional criteria for draft components including more relating to integrating children with special needs, multicultural child care and anti-bias issues generally. All criteria need to be non-prescriptive as to the many possible ways centres may find to express them - there can never just be one way

- a more clearly differentiated scoring system, including how to handle different scoring in different rooms within the centre

- significantly expanded voluntary system

- the addition of a Basic Care component

AECA is recommending a different format for the tool. Although the change is only minor, AECA considers that the altered presentation would have several important benefits. To illustrate, if no other changes were made, the INAC tool would be transformed as follows:

INAC format for Principle 1A

Principle	Descriptors		
	Minimal	Good	Excellent
Staff interact frequently showing affection and respect	Staff interact nonverbally by smiling, touching and holding. Staff talk with children. Staff greet and farewell children	All of Minimal plus staff talk with individual children	All of Good plus staff ensure that there is social and verbal interaction betw'n children. Staff use greeting and departure as information sharing time to relate warmly to parents and children.

Using the AECA format, the same principle and criteria would be written as follows:

1A. Staff interact frequently with children showing affection and respect		
*	**Staff interact nonverbally by smiling, touching and holding. Staff talk with children. Staff greet and farewell children**	**1 2 3**
*	Staff talk with individual children	1 2 3
Vol	Staff ensure that there is social and verbal interaction between children. Staff use greeting and departure as information sharing time to relate warmly to parents and children	1 2 3

- criteria in bold and marked with a large asterisk are **required** for all services
- shaded criteria marked with a normal asterisk are **self selected** for fee relief
- **Voluntary only** criteria are marked with a Vol, and are limited to services undertaking full voluntary accreditation.

AECA's model changes the label for the INAC 'minimum' criteria to 'required' criteria; it changes the INAC label for the 'good' criteria to 'self-select' criteria

and it changes the INAC label for 'excellent' criteria to 'voluntary only' criteria. Each criteria is rated from 1 - 3. Criteria are presented in a single line down the page.

This simple change of format does four things:

- It eliminates the need to use the judgemental labels, 'minimum', 'good' and 'excellent' or their equivalent while preserving the reality of a hierarchy among standards;

- It makes explicit whether the criteria are required, potentially optional or not to be considered for fee relief;

- By permitting a graded rating for each criteria rather than a simple met or unmet it recognises the reality that in many cases the answer won't be a simple 'yes' or 'no';

- By presenting criteria in a line down the page, a principle can have as many different criteria at required, self-selected and voluntary levels as are judged useful. It thus frees the tool from the artificial need to 'fill in all the squares', ie, to identify equal somethings relating to each principle to put under the three column headings, 'minimum', 'good' and 'excellent'. This helps streamline the tool and makes it much easier to adapt over time.

HANDBOOK: PART 1, SECTION 2 - LINK TO FEE RELIEF FOR THE PURPOSES OF THE PILOT

General Comments: This section obviously needs re-writing to state the proposed link with fee relief in the final system.

Specific Comments: AECA favours self selection, and has suggested that 60% compliance with 'self-selected' criteria be required for fee relief, in line with the INAC decision to require compliance with 60% of their 'good' column. In addition, AECA recommends full compliance with required criteria.

The terms used to describe fee relief compliance and voluntary accreditation need to be clearly differentiated and understandably relate to the differences between them. AECA suggests 'preliminary accreditation' for fee relief assessment and 'full accreditation' for the voluntary system.

The implications of a centre's not attaining preliminary accreditation need to be spelled out. AECA believes that the consequences of failure to comply with fee relief requirements need to be real ones if the system is to have any

purpose. However, the measures should not unduly disadvantage centres attempting to comply with new requirements or existing parent users of centres. AECA recommends that the Council notify the Commonwealth of centres failing achieve preliminary accreditation. The Commonwealth should then identify these centres as 'centres of concern' and should offer them additional assistance and a negotiated time frame within which to comply. Failure by the centre to improve should ultimately result in a decision by the Commonwealth to withdraw the capacity of the centre to offer fee relief to new parent users. Existing clients of the centre should not be penalised by having their fee relief removed.

HANDBOOK: PART 2 - GUIDE TO SELF-STUDY

General Comments: Generally very well written and very clear. Would need re-casting if AECA's suggested changes to the tool were accepted.

Specific Comments: Terms like interactions, curriculum and routines, service and staff development need to be given explanations in every day plain English.

HANDBOOK: PART 3 - OVERVIEW OF THE PRINCIPLES WITHIN A DEVELOPMENTAL FRAMEWORK

General Comments: Very well written and very clear. Would need re-casting if AECA's suggested changes to the tool were accepted.

HANDBOOK: GENERAL

Suggest making Part 3, Section I the beginning, putting on left hand side of page: "Why"
Merge Part 1, Section I with part 3, Section II into one, on right hand side of page: "What" and "How"

There also needs to be an explanation of why many of the areas covered by licensing are not included, eg physical requirements for space, fencing, structural safety of equipment, staffing qualifications and ratios, and the like.

In general (if AECA's approach is adopted), licensing standards cover what has to be in place before the children arrive. Accreditation standards cover how, including how consistently, the standards are implemented. For example, national standards will require that centres develop written policies. Accreditation will assess how those policies are used and updated. Licensing will cover what kinds of staff centres must employ. Accreditation will examine how staff work with children, parents and one another. Licensing will set

some safety standards. Accreditation will ensure that the required standards are applied consistently in the everyday practice of the centre.

HANDBOOK: A RESOURCE LIST

Suggestions:

Accreditation:

Australian Early Childhood Association (1992) The Road to Accreditation: collected papers, AECA: Canberra

National Academy of Early Childhood Programs (1985) *Guide to Accreditation*, National Association for the Education of Young Children: Washington DC.

General:

Faragher, J and MacNaughton, G (1990) *Working with Young Children: Guidelines for Good Practice*, TAFE Publications Unit: Collingwood.

Bredekamp, S (1987) *Developmentally Appropriate Practice in Early Childhood Programs Serving Children from Birth Through Age 8: Expanded Edition* National Association for the Education of Young Children: Washington DC.

Infant Care:

Willis (Stonehouse), A (1979) Babies learn from birth: the first year, *Australian Early Childhood Resource Booklet*, Australian Early Childhood Association: Canberra.

Goodwin, A and Schrag, L (1988) *Setting up for Infant Care: Guidelines for Centres and Family Day Care Homes*, National Association for the Education of Young Children: Washington DC.

Toddler Care:

Stonehouse, A (1988) *Trusting Toddlers*, Australian Early Childhood Association: Canberra

Lady Gowrie Child Centres (1988) Caring for Under Three's in Long Day Care: an Annotated Resource Guide. Australian Early Childhood Association: Canberra.

Programming:

Sumsion, J (1991) Playing with print, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Cullen, J (1991) Rethinking table activities, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Harrison, L (1990) Planning appropriate learning environments for children under three, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Creaser, B (1990) Rediscovering pretend play, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Creaser, B (1990) Pretend play - a natural path to learning, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Veale, A and Piscitelli, B (1988) Observation and record keeping in early childhood programs, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Arts:

Schiller, W & Veale, A (1989) An integrated expressive arts program, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Wright, S (1991) *The Arts in Early Childhood*, Prentice-Hall: Sydney.

Multiculturalism:

Stonehouse, A (1991) *Opening the Doors: Child Care in a Multicultural Society*, Australian Early Childhood Association: Canberra

Derman-Sparks and the ABC Task Force (1989) *Anti-Bias Curriculum: Tools for Empowering Young Children*, National Association for the Education of Young Children: Washington, DC.

Gender equity:

Perrett, R (1988) Girls and boys, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Ethics:

Stonehouse, A (1991) Our code of ethics at work, *Australian Early Childhood Resource Booklets*, Australian Early Childhood Association: Canberra

Environments:

Walsh, P (1991) *Early Childhood Playgrounds: Planning an Outside Learning Environment*, Pademelon Press: Castle Hill

Fowler, M and McDougall, M (1990) *Cost Effective Child Caring Places and Spaces: Guidelines for Building Projects*, Australian Early Childhood Association: Canberra.

GREEN DOCUMENT: PROPOSED COMPOSITION AND STRUCTURE OF THE PERMANENT ACCREDITATION COUNCIL

The membership of the proposed Executive should be representative of the groups represented on the full Board. If this is not agreed, then groups not able to be members of the Executive should have observer status on the Executive.

The chair of the Board should also chair the Executive, and should be able to be from the child care industry.

Recommendations to accredit or defer should be made by Standing Committees, who should be made up of people competent to make these decisions, possessing:

- specific knowledge of the particular type of service applying
- experience working in the child care services
- knowledge of the child care industry generally
- knowledge of the Australian accreditation system
- demonstrated knowledge and experience of child development

AECA is concerned that unless the appeals process is integrated with the rest of the system, its decisions are likely to cut across the purposes of the system. The appeals process needs to have its integrity safeguarded by some other mechanism. Blind decision-making and a blind appeal review would seem the safest way of ensuring that all services receive the same treatment and have the same level of standards applied. This would mean that a Standing Committee would determine accreditation of a centre without knowledge of the identity of the service or the identity of the reviewer who visited the service.

The qualities required of reviewers, at least as agreed by INAC, need to be spelled out. AECA considers that reviewers need to have qualifications at least comparable to those held by staff in the centre under review. In some States (NSW and Qld), this will require at least a 3 year ECE qualification. In other States a two year child care qualification will be seen to be appropriate. In all cases reviewers need significant child care industry experience.

There should be a guarantee of a written report to the service, and follow-up advice and support provided to centres requiring more work to attain accredited status.

THE PURPLE DOCUMENT: COSTINGS ESTIMATE OF THE DRAFT ACCREDITATION SYSTEM

Travel - to assure national consistency, there should be provision for some travel between States for review, and training of reviewers, even if the approach taken is a 'sampling' one.

Training - one day's training is too little. Three to five days are needed. The costings assume that a different reviewer is required for each centre. In practice it would be preferable for reviewers to gain experience reviewing several services during a year. Savings in the number of reviewers needed could be applied to extending the period of training.

Secretariat - one researcher only limits the scope for including solid experience with more than one service type on the staff. This would be particularly problematic for the capacity of the Council to develop a system of accreditation for Family Day Care.

Support structures - there needs to be recognition of the requirement to support centres through education/resourcing before embarking on accreditation, during the accreditation process with advisory support/mentoring, and following a negative accreditation ruling to help centres understand how to achieve the needed improvements. Costs of such resourcing and support needs to be included in the budget.

OMISSIONS

Reaccreditation - The Handbook needs to include the period of time for which accreditation status is to be valid. AECA recommends 3 years, unless substantial changes in the centre indicate the need for re-accreditation sooner.

Other service types - Indication needs to be given to the need for the system to be expanded to include other child care service types, beginning with Family Day Care.

Accountability and reporting - The requirement for the Board to report annually to its members and to Government needs to be included. There should also be a requirement for accredited centres to complete annual reports, so that details of changes impacting on service quality, such as staff turnover, can be monitored and early re-accreditation can be required as appropriate.

AECA WORKING PAPER

A SUGGESTED ALTERNATIVE MODEL FOR AN AUSTRALIAN ACCREDITATION TOOL

PS 021639

This paper was written in October 1992 as part of a submission by AECA to the Interim National Accreditation Council.

The Australian Early Childhood Association offers the following model as an alternative to the one piloted by the Interim National Accreditation Council. There is substantial agreement in approach and content between the two. The AECA model retains much of the piloted INAC tool, but suggests some changes that from our perspective would improve the capacity of the tool to assure quality, both for voluntary accreditation and for fee relief eligibility purposes.

The changes can be summarised as follows:

- slightly modified format
- some changes in content in fee relief-related criteria
- a more clearly differentiated scoring system
- significantly expanded voluntary system
- addition of Basic Care as a key quality component to be covered by the tool

MODIFIED FORMAT

AECA is recommending a different format for the tool. The proposed changes in format are minor, but AECA considers that their impact will be significant.

Instead of presenting three standards for each principle under column headings 'minimum', 'good' and 'excellent' across the page, AECA recommends having three types of criteria: 'required', 'self-selected' and 'voluntary only', and presenting them singly down the page.

required criteria
Required criteria are those crucial elements of a program that no child in care should have to do without. All centres undergoing either voluntary accreditation or fee-relief eligibility assessment would first have to demonstrate compliance with the required criteria. AECA believes that if these base-line elements of quality are in place, we can be reasonably confident that although the program could be offering children a lot more, their experience in care will be basically satisfactory.

self-selected criteria
Self-selected criteria, as their name implies, would be selected by centres interested in fee relief assessment. They are features of program quality that, taken together, would bring a centre to a very high standard of service. Following the model set by INAC, AECA suggests that eligibility for fee relief be based on compliance with some percentage of self-selected criteria, perhaps 60%, as well as full compliance with the required criteria.

Voluntary only criteria
The third type of criteria, Voluntary only, would be limited to those centres pursuing full voluntary accreditation.

To illustrate the format change, if no other changes were made, the INAC tool would be transformed as follows:

INAC format for 13A

Principle	Descriptors		
	Minimal	Good	Excellent
Staff communicate with each other	Staff talk to each other in a friendly and courteous manner	All minimal plus staff express themselves in clear and open-ended ways and listen to each other. Staff are aware of a need for a team approach	All in good plus staff work effectively as a team

Using the AECA format, the same principle and criteria would be written as follows:

13A. Staff communicate with each other		
*	**Staff talk to each other in a friendly and courteous manner**	**1 2 3**
*	Staff express themselves in clear and open-ended ways and listen to each other. Staff are aware of a need for a team approach.	1 2 3
Vol	Staff work effectively as a team	1 2 3

Criteria in bold and marked with a large asterisk are **required** for all services, whether pursuing full voluntary accreditation or preliminary accreditation for fee relief.

Shaded criteria marked with a normal asterisk are **self selected** for fee relief.

Voluntary only criteria are marked with a Vol, and are limited to services undertaking full voluntary accreditation.

AECA's model changes the label for the INAC 'minimum' criteria to 'required' criteria; it changes the INAC label for the 'good' criteria to 'self-select' criteria and it changes the

INAC label for 'excellent' criteria to 'voluntary only' criteria. Each criteria is rated from 1 - 3. Criteria are presented in a single line down the page.

This simple change of format does four things:

- It eliminates the need to use the judgemental labels, 'minimum', 'good' and 'excellent' or their equivalent while preserving the reality of a hierarchy among standards;

- It makes explicit whether the criteria are required, potentially optional or not to be considered for fee relief;

- By permitting a graded rating for each criteria rather than a simple met or unmet it recognises the reality that in many cases the answer won't be a simple 'yes' or 'no';

- By presenting criteria in a line down the page, a principle can have as many different criteria at required, self-selected and voluntary levels as are judged useful. It thus frees the tool from the artificial need to 'fill in all the squares', ie, to identify equal somethings relating to each principle to put under the three column headings, 'minimum', 'good' and

  'excellent'. This helps streamline the tool and makes it much easier to adapt over time.

The value of having three types of criteria and determining their content

AECA's model is more than a simple transformation of the INAC format. AECA agrees that it is useful to have the three layers of criteria in the accreditation document, and that the content within each layer should reflect meaningful distinctions. It is the basis for making the distinctions that is somewhat different in our model, particularly for our self-selected and voluntary-only criteria.

The required criteria form a meaningful base-line of features of programs in receipt of Commonwealth funding that every child should be guaranteed. Inclusion of criteria in this category comes from an affirmative answer to the question, 'Is this something no child in care should have to do without?' On this basis, their required status for **all** centres can be justified.

Self-select criteria are those features of quality from the full accreditation tool that could reasonably be undertaken (in reduced numbers) by centres needing fee relief. They do not necessarily belong to the 'middle' range of exemplary practice.

Voluntary-system-only criteria would be reserved for centres undertaking voluntary accreditation, and would be tackled last by those centres. They represent complex features of quality that require a sophisticated understanding of child care practice, and are only meaningful if the underlying practices they assume are in place and are being implemented

well. These are criteria that should not be attempted by centres until criteria that are simpler to achieve have been mastered. Only criteria of this kind should be restricted to the voluntary-only category.

Allowing centres to select the additional criteria they wish to be assessed against for fee relief eligibility permits centres to build on existing strengths, or to follow their interest in improving areas of greatest immediate concern and relevance to the centre.

Accreditation status would require full compliance with the required criteria and substantial compliance with the self selected and the voluntary-system-only criteria.

CONTENT CHANGES

AECA's model responds to concerns that the draft INAC model includes some criteria that are too difficult among the fee relief-related criteria while omitting others, and does not leave enough of real substance in the voluntary system.

Changes to fee relief-related criteria

A majority of centres need to be able to achieve the minimum standards required for fee relief if its enforcement is to be politically feasible. Setting the mandated standard too high will be counter-productive. AECA considers that the 'good' column in the INAC tool needs fine-tuning to even up the standard intended to be reflected in it. Some criteria presently in the 'good' column are too difficult and should be moved to the 'excellent' column, using the INAC model. AECA's model makes some changes to the list of criteria found in the INAC 'good' column to present a better balance, and to cover the most important features of quality in programs.

MORE CLEARLY DIFFERENTIATED SCORING SYSTEM

The INAC handbook is silent on how indicators are to be scored, and whether indicators in the 'minimum' column need to be assessed for criteria not selected as part of the 60% chosen for fee relief assessment. There is also no guidance as to how a centre is to be scored if practice is judged to be uneven in different playrooms or different groups within a single room.

Does the centre receive an average, based on assessment of each group, the best assessment or the worst?

3 point rating scale suggested

It is sometimes difficult for centres to decide categorically whether they have achieved a particular standard. If they often achieve a standard but sometimes don't, is that a yes or a no? If they have begun to put a principle into practice but feel they need to develop it further, is that a no? Where is the line to be drawn? AECA believes that task becomes more realistic when shades of attainment are permitted.

A rating scale of 1 - 3 is suggested where

1 = becoming evident
2 = significantly evident
3 = fully met

Rating 'minimum' criteria clarified

Required criteria (AECA's equivalent of 'minimum' criteria) would have to be rated 3, fully met, before any other ratings could be attempted. AECA believes these represent components of quality that all children are entitled to. They all need to be complied with, regardless of which particular criteria are selected for fee relief assessment.

Preliminary accreditation for fee relief assessment would require a full score for required criteria, that is, a rating of 3 for every required criteria and the equivalent of fully met ratings for 60% of self chosen criteria. This could be achieved by attaining a rating of 3 for 60% of all self selected criteria, or by achieving 60% of the score that this would represent through partial compliance with more than 60% of the criteria. Thus, as currently drafted, a fully met score for self selected criteria would be 177. Sixty percent of this could be achieved by attaining a score of 3 for 60% of the criteria, giving a score of 106, or by attaining a the same total score of 106 by attaining a mixture of 1's (becoming evident), 2's (significantly evident) and 3's (fully met) for more than 60% of the self select criteria.

AECA recommends this approach because it would give centres maximum incentive to achieve preliminary accreditation in the way most meaningful to the centre. Centres could choose to focus on areas in which they believe they are strongest and get recognition for this strength. Or they could choose to focus on areas causing them greatest concern and so try to improve first the part of the service that is weakest. Allowing partial scores of 1's and 2's gives recognition of emerging good practice.

Rating different staff, or different rooms

The ratings need to be attached to the centre as a whole, but the community at large needs to assume that a centre rating would apply in any section of the centre. Logically this requires that the lowest score becomes the centre score for that criterion.

Layout of the tool clearly identifies what is to be rated

The criteria are grouped according to key principles, but each criterion to be given a score is presented on separate lines. This format makes it clear what is to be combined into a single rating, and what is to be given a separate rating.

The layout also frees up the Council to add to or subtract from the tool without feeling compelled to fill in each square of the grid. Some areas may be made up mostly of required criteria. Others may be mostly self chosen, or belong predominately to the voluntary system.

Once indicators are fleshed out, this layout will permit these to be written in under each of the criteria.

SIGNIFICANTLY EXPANDED VOLUNTARY SECTION

AECA considers that in its proposed form, voluntary accreditation will not represent a sufficient challenge for centres already meeting the requirements for fee relief to give the needed incentive to proceed to full accreditation. Some of the items in the INAC 'excellent' column appear inconsequential when compared with much of the rest of the tool. AECA is also concerned that important areas are omitted in the proposed system. While AECA believes that an Australian accreditation system needs to remain simpler than the NAEYC system if a significant proportion of services will take it up, the INAC model has taken the streamlining too far. In particular, more is required in the areas of curriculum, cultural diversity and care of special needs children.

Examples of possible additional criteria for these areas are presented in this model.

BASIC CARE AS AN ADDITIONAL COMPONENT

AECA is aware that there is a political necessity to avoid overlapping accreditation and licensing. However, it is a concern that centres undergoing 'trial' accreditation in NSW found health and safety to be among the criteria needing the most attention in their centres.

This model proposes an additional component entitled Basic Care in order to pick up features that assure sound personal care is being provided. AECA considers that children's physical needs are as important as their need for opportunities for learning. A high quality program interleaves care and education. An accreditation system that ignored important elements of the care component would fail to reflect quality, and could distort views of what constitutes high quality in child care.

There will clearly be a need to separate the roles of licensing and accreditation so they do not simply duplicate one another. However, AECA considers it is unacceptable to make the division one that could be interpreted as saying, care features of programs belong to licensing and education belongs to Accreditation. The proposed Basic Care component of Accreditation would not duplicate or replace licensing regulations, though inevitably there could be some overlap with licensing standards, as there will be in other areas covered by Accreditation.

FORMAL EVALUATION REQUIRED

There will need to be formal evaluation of the tool to assess reliability and validity. This would be required of the redrafted INAC tool irrespective of decisions to alter or retain its format and content.

There also needs to be ongoing formal evaluation of any tool adopted by an Accreditation body, to ensure its continued relevance to the industry and to further refine its effectiveness.

CHILD CARE

COMPONENTS, PRINCIPLES AND DESCRIPTORS

ALTERNATIVE MODEL

PROPOSED TO

THE INTERIM NATIONAL ACCREDITATION COUNCIL

BY THE

AUSTRALIAN EARLY CHILDHOOD ASSOCIATION

Component A. Basic Care — Page 14

Principles:

1A. Children's physical comfort is attended to
2A. Children's health needs are met
3A. Children are provided a clean and safe environment and are guided to play safely
4A. The centre safeguards the health of children and staff
5A. The centre's prime focus is to support the family to care for the child

Component B. Interactions Between Staff and Children — Page 20

Principles:

1B. Staff interact frequently with children showing affection and respect
2B. Staff foster communication skills in children
3B. Staff are available and responsive to children
4B. Staff speak with children in a friendly and courteous manner
5B. Staff foster respectful interactions among children
6B. All children are given equal access to all aspects of the program
7B. Staff foster positive self concept, self esteem and autonomy
8B. Staff use a positive approach to guidance and discipline
9B. The atmosphere of the environment is pleasant

Component C. Interactions Between Staff and Parents — Page 26

1C. Information about the service is given to new and prospective families
2C. An orientation process for children and parents to the centre is established
3C. Reciprocal information sharing occurs between parents and staff
4C. Involvement of family members is welcomed

Component D. Curriculum and Routines — Page 29

Principles:

1D. The program is balanced
2D. The program is varied
3D. The program is developmentally appropriate, based on observations of individual children and written plans
4D. A daily timetable is planned to reflect children's needs, abilities and interests
5D. Staff ensure smooth transitions between events
6D. Children have the opportunity to make choices
7D. Children are provided a range of individual and group experiences
8D. Routines are treated as important parts of the overall program
9D. The environment is pleasant and provides opportunities for varied play
10D. The program is evaluated

Component E. Interactions Between Staff — Page 35

Principles:

1E. Staff are effective team members

Component F. Service and Staff Development — Page 36

Principles:

1F. New Staff are adequately inducted into the centre
2F. Staff roster is arranged to provide continuity of care for the children
3F. Staff and parents are involved in evaluating the program's overall effectiveness
4F. The service provides regular learning and training opportunities for staff to develop their skills
5F. Information about relevant management issues is made available to parents and staff

Key:

*	= **required criteria**

Those basic features of programs all children require, whether the centre is pursuing preliminary accreditation (fee relief level) or full accreditation.

*	= **self selected criteria**

Additional criteria to be selected for preliminary accreditation

Vol	= **Voluntary only**

Additional criteria to be undertaken only by centres pursuing full accreditation

1 2 3	rating to be applied for each criteria

1 = becoming evident
2 = significantly evident
3 = fully met

Preliminary Accreditation =
ratings of 3 for all required criteria plus
ratings of 3 for 60% of self select criteria, or lower ratings of enough self selected criteria to attain the same score

Full Accreditation =
ratings of 3 for all required criteria plus
substantial compliance with all self select and voluntary only criteria

Scoring: Number of criteria x score

	Required	Self select	Voluntary
Basic care	19 x 3 = 57	3 x 3 = 9	1 x 3 = 3
Staff child interactions	16 x 3 = 48	20 x 3 = 60	11 x 3 = 33
Staff parent interactions	5 x 3 = 15	13 x 3 = 39	4 x 3 = 12
Curriculum and routines	10 x 3 = 30	14 x 3 = 42	10 x 3 = 30
Staff interactions	1 x 3 = 3	3 x 3 = 9	0
Service/staff developmt	5 x 3 = 15	6 x 3 = 18	5 x 3 = 93
Total	56 x 3 = 168	59 x 3 = 177	31 x 3 = 93

60% of self select criteria = .6 x 59 = 35
Fully met score for 60% of self select criteria = 35 x 3 = 106

Preliminary accreditation for fee relief would mean attaining a score of 168 (rating 3 for all required criteria) and a further score of 106 either by attaining a rating of 3 (fully met) for 35 criteria or by achieving the same score of 106 through a mixture of lower ratings for more than 35 criteria.

Full voluntary accreditation would require a score of 168 (rating 3 for all required criteria and substantially achieving all other criteria.

BASIC CARE

1A. Children's physical comfort is attended to		
*	**Children's need to drink fluids is recognised** **- Fluids are available at all times and children are able to drink when they are thirsty** **- Children are especially encouraged to drink water frequently in hot weather** **- Children always drink from clean cups or glasses (not shared)**	**1 2 3**
*	**Children are assisted to adjust their clothing in response to body temperature, physical comfort and ease and safety of play** **- Children are helped to shed clothing when hot and are provided extra layers when cold (from centre supplies if necessary)** **- Children are changed into clean and dry clothing following accidents** **- Clothing is adjusted when children are uncomfortable (*eg, a change of clothing is provided when clothes are too tight)*** **- Clothing is adjusted for safety or ease of play, *eg thongs are removed before climbing*** **- Children's clothing is protected from messy play** **- Staff encourage parents to dress children in play clothes**	**1 2 3**

2A. Children's health needs are met		
*	**Children are protected from exposure to the sun, *eg by provision of shade in outdoor areas, use of sun screen creams, ensuring children wear sun hats and limiting time spent in direct sunlight during summer, especially in the middle of the day***	**1 2 3**

*	**Children's individual health needs are monitored throughout the day** - **Children who appear unwell are checked for signs of fever or other symptoms** - **Children who are off-colour or ill are helped to rest and are protected from cold winds and overstrenuous play** - **Children are helped to keep their noses wiped**	1 2 3
*	**Children's individual health needs are understood by staff** - **Medications are stored safely and are administered according to written instructions from parents. Written records of the administration of all medications are kept** - **Children's individual health conditions, *eg asthma*, are understood by staff and are accommodated matter of factly and competently** - **Children's allergies are noted and responded to appropriately by all staff working with the child, including relief staff**	1 2 3
*	**Accidents are handled professionally** - **Parents are notified immediately of accidents causing serious injury or any head trauma** - **All accidents/injuries are reported to the child's parents in detail** - **Written records of all accidents are kept** - **Serious injuries are reported to the centre's insurance agent** - **All staff understand the procedures to be followed in the event of an accident/injury**	1 2 3
*	**Children's health needs are met in emergencies** - **First aid is administered competently** - **Blood and bodily fluids are cleaned up safely in accordance with current guidelines for HIV/Aids and Hepatitis A, B & C**	1 2 3
*	**Children's hygiene is managed to minimise cross-infection and establish healthy habits of personal care** - **Staff ensure children wash their hands after toileting and before eating or preparing food** - **Staff ensure children's hands and faces are washed when they are dirty** - **Individual washers and towels are used at all times**	1 2 3

*	Children are helped to accept and respect their bodies through grooming - Staff ensure that children's hair is brushed or combed when needed - Children are helped to wash when dirty as a consequence of play/activity at the centre	1 2 3
*	**Staff protect themselves and children by avoiding leaving one staff member alone often or for long periods with children where they cannot be observed**	1 2 3

3A. Children are provided a clean and safe environment and are guided to play safely		
*	**Children are supervised at all times** - **Children are within a staff member's line of sight or hearing at all times** - **Staff are aware of the actions of the children under their supervision**	1 2 3
*	**The children's areas are free of hazards and are maintained for safety, including** - **play equipment is in good repair** - **floors, paths and doorways are free of slip/trip hazards** - **unused electric outlets have safety covers** - **dangerous equipment (*eg heaters, fans, electric cords, knives)* is out of children's reach** - **All cleaning agents, disinfectants, hazardous chemicals and poisons are stored safely out of children's reach**	1 2 3
*	**The children's areas are clean and inviting** - **toilet areas smell fresh and clean** - **children's areas and kitchen are dusted and free of accumulated grime; dirt and mess are superficial and relate to recent activities** - **children's areas and kitchen are tidied during the day**	1 2 3

*	**Children's and nonsmoking staff areas are smoke free and children do not see adults smoking at the centre** **- Smoking indoors (even after hours) is restricted to areas with separate air supplies from nonsmoking staff and the children's areas** **- Smoking outdoors is out of sight of children**	**1 2 3**

4A.	The centre safeguards the health of children and staff	
*	**Exclusion policies for infectious diseases are prominently displayed, explained to parents and enforced** **- infectious children are excluded for the required period** **- children with suspected infections are isolated from children's areas until they can be collected from the centre**	**1 2 3**
*	**Staff consistently follow procedures to minimise cross-infection** **- wash hands between each nappy change/toilet assistance** **- wash hands before food handling** **- wash hands after wiping runny noses**	**1 2 3**
*	**Centre procedures minimise cross-infection and are adhered to** **- children's individual bedding is stored separately and laundered frequently; sheets are maintained so that they cover mattresses firmly and stay in place throughout sleep time** **- procedures are followed to minimise unintended sharing of implements between children (*eg toothbrushes, towels, cups and utensils)*** **- cleaning procedures minimise the risk of cross-infection (*eg separate cloths are used for floors, tables and nappy change mats)*** **- surfaces and toys are disinfected frequently, especially in areas used by infants and toddlers, and routinely following their use by a child suspected of having an infectious illness**	**1 2 3**

*	**Parents are encouraged to have children immunised against tetanus, whooping cough, diphtheria (triple antigen), polio, measles, mumps and Hib meningitis** **- immunisation records are vetted on enrolment** **- children's immunisation status is reviewed regularly and records are updated until all immunisations are complete**	**1 2 3**

5A.	The centre's prime focus is to support the family to care for the child	
*	**Centre practice gives primacy to meeting the needs of parents, *eg* attendance times are permitted to reflect parental needs rather than centre's convenience or children's needs viewed in isolation from the family**	**1 2 3**
*	**Staff positively and constructively support parents in their parenting role** **- Staff display an understanding of the pressures of parenting and an acceptance of different parenting styles, including the decision to work** **- Staff communicate legitimate concerns (concerns re parent behaviours impacting on the centre's capacity to work effectively with the child) to parents constructively, honestly and with sensitivity** **- Staff recognise that they cannot replace parents. Staff see their role as being a support to parents rather than the child's champion, and show this recognition in the way they manage conflict** **- Staff avoid being judgemental or undermining parents and convey a firm message of being on the parent's side, even when expressing criticism of particular behaviours**	**1 2 3**
*	Children's personal effects are looked after - Staff ensure that all items of clothing and any personal possessions are together and ready to be collected by parents at the end of the session	1 2 3

*	Staff support parent wishes to spend time with children while equally supporting parents who are unable to do so - Staff accommodate parent wishes to breastfeed infants or visit older children during the day - Staff view positively parent decisions to spend extra time with their children, eg by sometimes collecting them early	1 2 3
Vol	Centre policy actively encourages parents to spend increased time away from the centre with their children, *eg reduced fees for shorter hours, fee reductions in holidays*	1 2 3

INTERACTIONS BETWEEN STAFF AND CHILDREN

1B. Staff interact frequently with children showing affection and respect		
*	**Staff show warmth in their interactions with children:** **- frequently smile** **- touch and hold children**	**1 2 3**
*	- speak with children at their eye level, making eye contact (except when culturally inappropriate, *eg with Aboriginal children)* - express delight in children's experiences	1 2 3

2B. Staff foster communication skills in children		
*	**Staff talk frequently with individual children**	**1 2 3**
*	Staff encourage children of all ages to use language: *eg. Repeat infants' sounds, talk about things toddlers see, help two-year-olds name things, ask 3 - 5 year-olds open-ended questions*	1 2 3
Vol	Staff ensure that there is social and verbal interaction between children: - record observations of individual children's social and verbal interactions - plan activities and experiences to foster individual and group communication and social interaction	1 2 3

3B. Staff are available and responsive to children		
*	**Staff are available and responsive to children:** **- quickly comfort children in distress** **- listen to children attentively** **- respond to children's questions and requests**	**1 2 3**

*	Staff respond to children's interests, needs and requests and adapt their implementation of the planned program, *eg., allow children to continue playing when they are engrossed instead of setting out a new, planned experience*	1 2 3
*	The program is sensitive to children's individual requirements arising from their religion, culture or disability, eg special diet needs	1 2 3

4B.	Staff speak with children in a friendly and courteous manner	
*	**Staff speak with children in a friendly and courteous manner:** **- refer to children by name** **- typically move to child so that child can be addressed without raising the voice** **- phrase requests politely**	**1 2 3**

5B.	Staff foster respectful interactions among children	
*	**Staff regard children of all races, religions, cultures, of either gender and children with additional needs with equality, respect and consideration:** **- all children are treated with courtesy and respect**	**1 2 3**
Vol	Staff encourage mutual respect among children	1 2 3
*	Staff provide a program with a multicultural perspective	1 2 3

6B.	All children are given equal access to all aspects of the program	
*	**Staff avoid deliberately excluding children from participating in any aspect of the program on the basis of gender**	**1 2 3**
*	**The resource collection, books and posters include non sexist models**	1 2 3

*	Staff provide children of both sexes with equal opportunities to take part in all aspects of the program: - Examine the program for unintentional bias - Devise strategies for increasing children's interest in play areas they ignore, *eg, re-arrange block area to include small dolls; turn home corner into a shop or office*	1 2 3
*	Staff present bias-free attitudes towards traits, roles and occupations - Staff avoid expressing gender-based expectations of children or adults (*eg girls should look pretty, boys shouldn't cry, soldiers are men)* - Staff maintain the same expectations of boys and girls within their program and consciously avoid giving one gender more attention applying a different set of standards to their behaviour	1 2 3
Vol	The issue of gender bias is raised with parents. Forums are provided to discuss gender issues, especially when the parent body includes cultures where gender roles are sharply divided	1 2 3
*	**Staff modify the program to assist children with disabilities to participate fully:** **- Staff assess needs of children and make modifications in the environment and program to meet the particular needs of individual children** **- Staff seek and act upon relevant information from parents**	**1 2 3**
*	Where necessary, the centre accesses specialist resource material	1 2 3
*	**Children with disabilities are helped to feel like the other children:** **- Programs focus on what children can do rather than emphasising deficits** **- Children are not singled out or labelled by staff, *eg, "this is our little Downes"***	**1 2 3**
*	All staff take some responsibility working with children with a disability rather than marginalising their program with specialist staff	1 2 3
Vol	Staff plan individual programs for children with special needs, aimed at furthering their successful integration into the program	1 2 3
*	**Staff pay particular attention to regular contact with parents of children where this is essential for the child's well being, *eg medical condition, feeding issues and behavioural difficulties***	**1 2 3**
*	The centre Director recognises the particular needs that some parents may have, *eg reassurance, detailed information* and strives top satisfy those needs	1 2 3

Vol	The centre has an active access policy for parents seeking care of children with a disability and in the case of a centre not being able to support a particular child appropriately, referrals are made to other services	1 2 3
Vol	Staff have good working relations with a network of local agencies and professionals that can be tapped for referrals and advice in the children's disabilities field	1 2 3
*	**Children from all cultural backgrounds feel equally at home in the centre** - **Staff recognise the cultural diversity within contemporary Australia and the cultural differences among children attending the centre** - **Staff treat all children equally (but not necessarily the same, *eg in ensuring that all children understand, Staff will give NESB children more explanation)***	**1 2 3**
*	Staff are willing to learn from the children and their families about their customs, beliefs and values, and to respect and facilitate their expression within the centre so long as this does not interfere with the rights of others and does not violate the set of agreed national values embodied in Australian law and practice, *eg the values of gender and racial equality and human rights, as set out in legislation including the United Nations Conventions on the Rights of the Child)*	1 2 3
Vol	Staff actively seek to modify the program to make it more welcoming and appropriate for the range of cultures represented in the region in which the centre is located, or the population the centre typically serves	1 2 3
Vol	- Staff are clear about the values they consider transcend conflicting values from other cultures, are able to defend decisions not to permit their expression in the centre, and are able to explain to parents how and why Australian law prevents their expression, *eg by reference to anti-discrimination legislation, the UN Convention on the Rights of the Child, etc.* - When conflict arises, Staff work with parents to find ways in which parental values can be sustained within the wider Australian framework of values	1 2 3
Vol	Staff plan and evaluate their programs within an anti-bias framework: - strategies are adopted to eliminate bias in the program based on gender, culture, religion, race or disability, or other 'difference' Parents are involved in planning and evaluating the program within an anti-bias framework	1 2 3

7B.	Staff foster positive self concept, self esteem and autonomy	
*	**Staff foster positive self concept, self esteem and autonomy** **- Staff expectations of children's behaviour are age appropriate**	**1 2 3**
*	Staff praise/criticise children's behaviour rather than the child	1 2 3
*	Staff expectations of children's social behaviour are developmentally appropriate, eg - Two of the same equipment are available so toddlers are not forced to share too often. - 3-5 year olds are encouraged to cooperate in small groups	1 2 3
*	Staff encourage independence in children as they are ready, eg infants: finger feeding self toddlers: washing hands, selecting own toys 3s & 4s: dressing, picking up toys 5s: setting table, washing up	1 2 3

8B.	Staff use a positive approach to guidance and discipline	
*	**Consistent, clear guidelines and rules are formulate and understood by staff and parents and explained to children** **Staff use positive approaches to help children behave constructively, including** **- redirection** **- planning ahead to prevent problems** **- positive reinforcement and encouragement** **- consistent adherence to rules**	**1 2 3**
*	**Staff do not use physical punishment or other negative discipline methods that hurt, frighten or humiliate children**	**1 2 3**
*	Staff help children deal with anger, sadness and frustration	1 2 3
*	Staff encourage positive social behaviours in children such as co-operating and sharing - adults model such behaviours - adults praise such behaviours	1 2 3

*	Children are encouraged to talk about feelings and ideas instead of solving problems with force, *eg. Staff supply appropriate words for infants and toddlers to help them learn ways to get along with others. Staff discuss alternative solutions with children two years or older*	1 2 3
*	Staff plan together to improve their effectiveness in working with individual children	1 2 3
Vol	Staff involve parents in planning to improve their effectiveness with individual children	1 2 3
Vol	Staff encourage children to engage in joint problem solving by taking account of the needs of the others and finding mutually acceptable solutions	1 2 3

9B.	The atmosphere of the environment is pleasant	
*	**Overall sound of group is pleasant most of the time:** **- Happy laughter, excitement, busy activity, relaxed talking** **- Adult voices do not dominate**	**1 2 3**
*	**Children are generally comfortable, relaxed, happy and involved in play and other activities**	**1 2 3**

INTERACTIONS BETWEEN STAFF AND PARENTS

1C. Information about the service is given to new and prospective families		
*	**Parents are given written information about centre operating procedures including fees, any additional charges (eg late fees), hours of operation, staff ratios and qualifications, parent responsibilities, staff responsibilities**	1 2 3
*	A written description of the program's philosophy is provided to parents on admission	1 2 3
*	Written operating policies and procedures are available to parents on admission	1 2 3

2C An orientation process for children and parents to the centre is established		
*	**Parents are requested to bring children for a pre-enrolment visit** **Attendance during initial settling in phase is flexible and matched to needs of the child except in emergencies** **Provision is made for parents to stay during the day initially**	1 2 3
*	Time is made available for enrolled parents to speak in confidence with the Director and with the group leader prior to the child's first day	1 2 3
*	Prospective users are shown through the centre and are able to speak with the Director	1 2 3

3C. Reciprocal information sharing occurs between parents and staff

*	**Staff and parents communicate regarding home and centre child-rearing practices in order to minimise potential conflicts and confusion for children:** **- Mechanisms exist, such as the use of a message book, for important information about the child's needs on a particular day to be passed to all staff** **- Staff routinely give parents feedback about the day and regularly provide information about children's interests and achievements. Difficulties experienced on a 'bad day' are reported tactfully as they occur** **- Confidential parent conferences are requested when ongoing problems require resolution**	1 2 3
*	A meeting is held with parents at least once a year and at other times, as needed, to discuss the program	1 2 3
*	There are opportunities for parents and staff to engage in confidential discussion . . .	1 2 3
*	Information about the program is displayed where parents can easily see it: - The timetable - The written, planned program - The menu - Coming events	1 2 3
*	Structured reports of the program are provided, *eg through a regular newsletter or meetings open to all parents*	1 2 3
*	A verbal and/or written system is established for sharing day-to-day happenings that affect children	1 2 3
*	Changes in a child's physical or emotional state are regularly reported by both staff and parents	1 2 3

4C. Involvement of family members is welcomed		
*	**Parents and other family members are encouraged to be involved in the program in various ways, while the differing capacity of parents to give time to the centre is recognised and respected**	1 2 3

*	**Parents are welcome in the centre at all times**	**1 2 3**
Vol	Parents are equal partners, in that they participate in the program by right rather than by invitation; both parents and staff are conscious of the distinction and recognise parents' rights to participate while understanding and accepting the need for agreed guidelines to permit this to occur	1 2 3
Vol	The centre provides parents an area where they can make themselves coffee and talk together	1 2 3
*	Special events are planned during the year so that all parents can attend outside normal working hours	1 2 3
*	Parents regularly participate in the program	1 2 3
*	Procedures are established and followed to ensure that management, parents and staff collaborate regularly on the updating of policies. Parents are given written copies of policies as they are updated	1 2 3
Vol	Parents are given access to resource information about child development, child health, parenting and related issues	1 2 3
Vol	The centre has up-to-date contacts in health and social services and uses them for referrals, information and assistance	1 2 3

CURRICULUM AND ROUTINES

1D	The program is balanced	
*	**The daily timetable provides a balance of experiences along the following dimensions:** **Indoor/outdoor** **Quiet/active** **Individual/small group/larger group (for 3 - 5s)** **Large muscle/small muscle** **Child initiated/staff initiated** **Social, language, cognitive, physical, creative activities**	1 2 3

2D	The program is varied	
*	**A range of developmentally appropriate materials and equipment is available for children in care**	1 2 3
*	Children experience variety - Equipment and materials are changed during the day - Rooms and outdoor playgrounds are re-arranged from time to time	1 2 3

3D	The program is developmentally appropriate, based on observations of individual children and written plans	
	Planning considers children's development in all areas, social, emotional, intellectual, language and physical, and creative expression:	
*	social/emotional skills: - Staff note friendship groups and help children enter groups through planning and through interventions in children's play - Staff plan experiences that help children understand, express and gain control of their emotions	1 2 3

*	Fine/gross motor/co-ordination skills: - Staff plan a range of activities that permit individual children to attempt new levels of skill, to practice existing skills to mastery level and to enjoy using already well-developed skills	1 2 3
*	Cognitive skills: - Staff plan experiences that challenge children to observe, think (remember, guess, etc), form and use concepts, problem solve - Staff plan experiences that give children information about the natural and social world - Staff take advantage of unplanned opportunities to foster cognitive skills while avoiding unnatural out-of-context 'teaching' ('How many peas are on your plate?')	1 2 3
*	Language skills (receptive): - Staff plan experiences that help individual children listen to and comprehend spoken language, eg listening games, storytelling, books & poems, music & movement, singing, copying rhythms, use of audio tapes (without pictures) - Staff address the language needs of children from non English speaking backgrounds, *eg use key words in child's first language*	1 2 3
*	Language skills (productive): - Staff plan experiences that help individual children practice communicating with adults and with other children - Staff plan experiences that increase children's vocabularies, giving them words for objects, events, relationships, concepts and feelings - Staff repeat children's sentences, filling in the missing words, to signal that the message has been received and to model correct pronunciation and grammar (C: Dat car, S: Yes, that's your Daddy's car!)	1 2 3
*	Children are offered regular opportunities for creative expression in: - music - movement - art - drama	1 2 3
Vol	Children are given planned opportunities to extend their observation and representation skills through a variety of media	1 2 3
Vol	Staff encourage expressive language throughout the day arising from children's interests and experiences	1 2 3

Vol	Children are sometimes able to dictate the pace of new experiences: the same planned activity is offered for several days in a row (or longer) if children remain interested	1 2 3
Vol	Staff planning provides for variety in levels of stimulation so that children have 'space' to concentrate: - in the number and timing of new things to do - in the number of things to see - in the amount of sound in the room.	1 2 3
Vol	Records of observations are kept of each child and are regularly updated, detailing children's development	1 2 3
Vol	Staff extend children's play by observing their interest and offering suggestions or additional materials	1 2 3
Vol	Staff actively plan for outdoor as well as indoor play, and work to support and extend children's dramatic play outside as well as inside	1 2 3

4D	A daily timetable is planned to reflect children's needs, abilities and interests	
*	**A daily timetable gives days a predictable, yet flexible pattern.**	**1 2 3**
*	The timetable routinely provides sufficient time for extended play	1 2 3

5D	Staff ensure smooth transitions between events	
*	**Children are given advance notice of transitions from one activity to another** **Children are not always required to move from one activity to another as a group**	**1 2 3**
*	Transitions are managed so that waiting times are minimised	1 2 3
Vol	Staff establish unregimented transitions which children undergo at their own pace; children assist or take responsibility as they are able, eg. wash own hands and sit down to eat; help to make up own bed before sleep time	1 2 3

6D	Children have the opportunity to make choices	
*	**Children have the opportunity to make choices:** - **Staff provide materials that are accessible to children** - **Opportunity for free play is provided**	1 2 3
*	Staff understand and respect a child's need for privacy - Children are able to find space to be alone - Staff respect a child's wish to be alone to play or simply to rest or observe others - Staff accept a child's desire to remain silent at times and to keep some of their thoughts and feelings private	1 2 3

7D	Children are provided a range of individual and group experiences	
*	**Group size is adjusted to suit the activity:** - **Activities requiring close supervision are conducted with one or two children at a time;** - **Group numbers are usually managed so that all children in the group can participate** - **Children not in the group have other interesting things to do**	1 2 3

8D	Routines are treated as important parts of the overall program	
*	**Sleep times are relaxed and pleasant** - **Children are familiar with the sleep routine and follow it without fuss or distress and with a minimum of staff direction** - **Infants are allowed to sleep when they need to** - **Children's clothing is adjusted for comfortable sleep** - **Staff are available to assist children when they awake**	1 2 3

*	- Children who need to sleep are comfortable with the routine and fall asleep with minimum assistance - Children who only need to rest for a limited period of time are given alternative activities - Staff encourage waking children to join an activity as they are ready	1 2 3
*	**Meals and snacks are ample, nutritious and varied:** - **Meals and snacks are offered at regular intervals throughout the day** - **Sufficient food is provided to permit children to determine the amount they eat** - **Meals and snacks are varied regularly and are made up of a balance of the major food groups, with a minimum of additives, fats and refined carbohydrates** - **Babies are fed according to their individual schedules**	1 2 3
*	**Meal and snack times are relaxed and pleasant:** - **Children are given time to eat at their own pace** - **Children are encouraged to try new foods but are never forced to eat** - **Meal and snack times are social events, characterised by pleasant, happy conversation among children and between adults and children** - **Children sometimes prepare snacks**	1 2 3
*	Meals and snacks are included in a planned multicultural program: - A wide range of food is offered, including food from the cultures of children in the program and/or ethnic groups in the community	1 2 3
Vol	Meals are incorporated into the planned program: - Meal times are sometimes made into special events, eg a restaurant, picnic, shared meal with parents, etc. - Children sometimes help prepare meals as part of the planned program	1 2 3

9D	The environment is pleasant and provides opportunities for varied play

*	Indoor and outdoor environments are pleasant and provide opportunities for learning: - The environment includes soft elements - Indoor and outdoor space is arranged to permit separation of active and quiet play - Children are able to run and chase safely without disrupting other play	1 2 3
*	Use of space is planned and varied in accordance with the planned program and children's interests: - Playrooms and playgrounds have small, 'private areas' suitable for retreat - Arrangement of play areas minimises conflicts between traffic flow, access to materials and play space - Use of space is varied occasionally, and the impact of different arrangements on the program is evaluated	1 2 3

10D	The program is evaluated	
*	**Children's reactions to the program are noted and taken into account in future planning**	**1 2 3**
Vol	Evaluations of the planned program are systematically undertaken and are incorporated into ongoing and future planning. Evaluations include: - Individual and group responses to the program - Reflection on the way the program was implemented	1 2 3

INTERACTIONS BETWEEN STAFF

E1. Staff are effective team members		
*	**Staff talk to each other in a friendly and courteous manner**	1 2 3
*	Staff express themselves clearly and listen to each other	1 2 3
*	Staff work as a member of a team - show an awareness of the role of others - work flexibly, helping others as necessary	1 2 3
*	Staff try to resolve conflict by discussing their concerns and listening to each other's perspective, then attempting to find solutions that are mutually satisfactory	1 2 3

SERVICE AND STAFF DEVELOPMENT

1F. New staff are adequately inducted into the centre		
*	**New staff are given an induction to the centre:** - **discussion of the goals and philosophy of the service** - **a description of duties** - **a tour of the whole centre** - **explanation of centre policies and operating procedures**	1 2 3
*	New staff are given their own written copies centre goals, philosophy, policy statements and operating procedures	1 2 3
*	New staff are introduced into the centre in ways that ensure continuity of the program for children and families	1 2 3

2F. Staff roster is arranged to provide continuity of care for the children		
*	**Staff roster is planned to minimise staff changes/turnover during the day for a particular group of children**	1 2 3
*	A list of regular relief staff is maintained by the centre	1 2 3
Vol	Each staff member has primary responsibility for a small group of children	1 2 3

3F. Staff and parents are involved in evaluating the program's overall effectiveness		
*	**Staff are responsive to parent suggestions and concerns:** - **Suggestions and concerns are accepted** - **Program or procedures are modified when the suggestions fit within the program's policy framework and resources**	1 2 3
*	Parents are involved in reviewing program policies and help determine the response to parent suggestions and concerns	1 2 3

Vol	Parents and staff are involved in formal processes to evaluate the effectiveness of the program; these may lead to changes in goals, objectives, policies and procedures	1 2 3

4F.	The service provides regular learning and training opportunities for staff to develop their skills	
*	**Information and resources are shared at regular staff meetings including up-dated information on:** - **health procedures** - **occupational health and safety** - **legal obligations, *eg protocols for dealing with suspected child abuse*** **Staff are encouraged to seek further training**	**1 2 3**
*	The centre provides staff with up-to-date information about further training options including: - inservice training - advanced qualifications courses available locally or externally	1 2 3
Vol	The centre implements a policy of staff development with all staff members individually by, confidentially and in collaboration with the staff member concerned: - assesses worker's strengths and skill gaps - sets goals for worker's professional growth - helps worker plan future training strategy	1 2 3
Vol	The centre assesses strengths and gaps among the staff and provides training for staff directed at identified needs	1 2 3

5F.	Information about relevant management issues is made available to parents and staff	
*	**Parents and staff are informed of relevant meetings**	**1 2 3**
*	Agendas and minutes of relevant meetings are available	1 2 3

Vol	Issues of concern to management are aired, through meetings or newsletters Views of parents and staff are sought by management prior to decisions Decisions are reported to parents and staff through memos or newsletters	1 2 3